

Bjorn Auditorium/Presentation Forum Application for Use

PLEASE PRINT

Organization _____ Type of Activity _____

Applicant's Name _____ Date(s) facility to be used _____ Phone

Number _____ Times to be used _____ Days(s)

Needed: (Circle) M T W Th F Sa Su Specific Time of Event: _____

Organization Type:

_____ School Dept. _____ Municipal Dept. _____ Private _____ Profit _____ Non-Profit

Name of person(s) in charge of event: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Name of contact person: _____

Home Phone: _____ Work Phone: _____ Fax: _____

How many people do you anticipate attending: _____

****Need Certificate of Insurance on file prior to the event.****

Liability Insurance Company: _____

Insurance Policy/Certificate Number _____

I understand the contract information on the reverse side of this sheet and will take any responsibility for damages or disarray that may occur and agree to pay all fees within thirty (30) days of receipt of the bill.

Signature _____ Date _____

.....
Office Use Only

_____ Approved _____ Not Approved Requirements:

_____ Custodian(s) _____ Technician _____ House Mgr. _____ Police

_____ Certificate of Insurance

Building Principal: _____

Signature

Date

Production Requirements:

Please complete this form and review it with the auditorium manager at least two weeks before your event. Attach any additional info that will explain your setup.

SPACE NEEDS:

_____ Closed curtain. No use of the stage behind the main curtain.
 _____ Entire stage (Please attach diagrams or photos of your setup.)
 _____ Rehearsal room Dates/Times _____
 _____ Dressing rooms Dates/Times _____
 _____ Orchestra pit Dates/Times _____
(Set up fee will apply.)

EQUIPMENT NEEDS:

_____ Microphone(s) Number _____ Type _____
 _____ Microphone stand(s) Number _____ Type _____
 _____ Soundboard
 _____ Light board
 _____ CD player
 _____ Monitor speakers
 _____ LCD Projector
 _____ Piano (\$25 upright)
 _____ Piano tuning (at lesassee's expense)
 _____ Choral risers Number of sections _____
 _____ Podium Speaking _____ Conducting _____
 _____ Music stands Number _____
 _____ Tables Chairs _____ Number(s) _____
 _____ Additional requests (please attach):

REQUIRED SERVICES

_____ Lighting operator
 _____ Sound operator
 _____ Stage manager
 _____ Light, sound or other equipment setup
 _____ Light, sound or other equipment breakdown
 _____ House manager (required for audiences over 100) \$30/hr.

NOTE: The fee for services of technicians including tech club members is \$30/hr. These charges will be added to your total bill.

Circle One:	Mt. Blue Campus MBRSD Affiliated Non-Profit	Community Other Non-Profit	For Profit
Rental Rates:			
Bjorn Auditorium	No charge	\$100.00 - up to 10 hours \$300.00 - up to 10 hours	\$1,000.00 - up to 10 hours** \$500.00 - up to 5 hours**
MBC Presentation Forum	No Charge	\$100.00 - up to 10 hours \$300.00 - up to 10 hours	\$900.00 - up to 10 hours** \$400.00 - up to 5 hours**
Dressing Room	No Charge	\$25.00	\$25.00
Rehearsal Room	No Charge	\$25.00	\$25.00
Services:			
Custodians - Holiday & Weekends	No Charge	\$25.53/hour - per custodian	\$25.53/hour - per custodian
Theater Manager	No Charge	\$30/hour	\$30/hour
*Security:			
Technicians - includes Tech Club	No Charge	\$30/hour	\$30/hour
Piano Rental:		\$25/day	\$25/day
Piano Moving Fee (If piano is brought from an outside source)	No Charge	\$100.00	\$100.00
Seat surcharge: **when applicable.	No Charge	No Charge	*\$0.50 per ticket surcharge - to be added if there is an admission fee.

* Actual charges to be determined by the length of time services used. Cost of services will be the responsibility of the lessee.

** Anything beyond 10 hours will be billed at a prorated fee.

Additional Contract Information:

Insurance: Insurance coverage is required for each event. Lessees will provide a copy of their certificate of insurance covering the period under contract, naming MBRSD as an additional insured for the amount of \$1,000,000.00. Generally a certificate of insurance will be required if a fee is charged for public entertainment provided by a producer not affiliated with a local school district or municipal government.

Damages: The lessee will be responsible for any damages to the facility and/or equipment.

Additional Charges: Use of the Performing Arts Center includes the lobby, audience restrooms, concession area, ticket booth, seating, stage, basic stage lights (one setup) and house sound (present PA with two microphones and stands.) Additional equipment, setup, or personal services need to be negotiated in advance with the auditorium manager (see fee schedule).

Ushers: The lessee must provide adult ushers in a ratio of 1 per 100 audience members. Ushers must remain in the auditorium during the performance intermissions. They will ensure that members of the audience behave appropriately and do not abuse the facility or detract from the performance.

Security: The administration has the sole right to determine the level of security required for each event. Security expenses are the responsibility of the lessee.

Fire and Safety: The use of any pyrotechnical stage device or any open flame is prohibited except for those specific events approved by the fire department in advance, i.e. induction ceremonies.

Cancellation of an Event: MBRSD administration has the sole authority to determine whether the building should be closed for reasons of public safety and will be held harmless in this situation. Notification to the lessee will be made as soon as possible. Contracts in force for periods during which the school is closed for reasons of public safety are canceled automatically without penalty to either party. Every effort will be made to reschedule any canceled event to a mutually acceptable date. Any event canceled by the lessee must be done at least 30 days in advance or the 25% deposit will be forfeited.

Trained Personnel: Presence of trained personnel is required at the discretion of the building administrator. Fees may be charged (see fee schedule).

INVOICE

Date: _____

Name of application/organization: _____

Required custodial (hrs.) _____

(Billed from Principal's office)

Police _____

(billed from Police Department)

Name(s) of Employee(s) used:

Facility Fee: _____

Fee for Employee(s): _____

TOTAL DUE TO MBRSD: \$\$ _____

Please make check payable to:

**MBRSD
227 Main Street Suite 2
Farmington, ME 04938**

(Payment is due 30 days from invoice date)

Adopted: