| Circle One: | Marshwood H.S SAD #35 Marshwood Affiliated Nonprofit | Community Non-Profit | Other Non-Profit | For Profit |
|---------------------------------------|--|---------------------------|---------------------------|---|
| Rental Rates: | | | | |
| Auditorium | No charge | \$100.00-up to 10 hours** | \$300.00-up to 10 hours** | \$1000.00-up to 10 hours** \$ 500.00-up to 5 hours** |
| Dressing Room | No Charge | \$25.00 | \$25.00 | \$25.00 |
| Rehearsal Room | No Charge | \$25.00 | \$25.00 | \$25.00 |
| Services: | | | | |
| Custodians- Holidays & Weekends | No charge | \$25/hour-per custodian | \$25/hour-per custodian | \$25/hour-per custodian |
| Theater Mgr. | No Charge | \$30/hour | \$30/hour | \$30/hour |
| Security* | | | | |
| Technicians- includes tech club | No Charge | \$30/hour | \$30/hour | \$30/hour |
| Piano Rental: Grand Upright | | \$50/day \$25/day | \$50/day \$25/day | \$50/day \$25/day |
| Piano Moving Fee | No Charge | \$100.00 | \$100.00 | \$100.00 |

^{*} Actual charges to be determined by the length of time services used. Cost of services will be responsibility of lessee.
** Anything beyond 10 hours will be billed at a prorated fee.

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 behir | nd the main curtain. | |
| Entire stage (Please atta | ach diagrams or p | photos of your setup.) | |
| Rehearsal room | | Dates/ | Times. |
| Dressing rooms. | | Dates/ | Times. |
| Orchestra pit (Set up fee | e will apply) | | |
| oronootia pit (oot ap 10) | o viii appiy.) | | |
| FOLUDIMENT NEEDS: | | | |
| EQUIPMENT NEEDS: | Manadaan | | T |
| Microphone(s) | Number | | _Type |
| Microphone stand(s) | Number | | _Type |
| Sound board | | | |
| Light board | | | |
| CD player | | | |
| Cassette | | | |
| Monitor speakers | | | |
| Video Player/Movie Scr | een | | |
| Piano (\$25 upright) | | | |
| Piano (\$25 baby grand) | 1 | | |
| Piano tuning (at lessee' | | | |
| Band risers | Number of | soctions | |
| | | | |
| Choral risers | Number of | | |
| Podium | Speaking | Conducting | |
| Music stands | Number | | |
| Tables | Chairs | Number(s) | |
| Additional requests (ple | ase attach): | | |
| | | | |
| | | | |
| REQUIRED SERVICES: | | | |
| Lighting operator | | | |
| Sound operator | | | |
| Stage manager | | | |
| Light, sound or other eq | uipment setup | | |
| Light, sound or other eq | | wn | |
| House manager (require | • • | | |
| i iodoo managoi (ioquii) | 54 101 4441011000 | σ. σ. τοσ, φοσιτι. | |

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

PERFORMING ARTS CENTER APPLICATION M.S.A.D. #35 MARSHWOOD HIGH SCHOOL

PLEASE PRINT

| Organization | | | Type of Activity | | | | |
|--|---------------------|-----------------|------------------------|--------------------------------|---|--|--|
| Applicant's Name | | | _ Date(s) facil | Date(s) facility to be used | | | |
| Phone Number | | | | | | | |
| Day(s) Needed: (Circle) M T W TH F S S | | | Specific Tim | Specific Time of Event: | | | |
| School Dept | Muni | cipal Dept | Private | Profit | Non-Profit | | |
| Name of person(s) | in charge of event: | | | | | | |
| Mailing Address: | | | | | | | |
| | | | | Fax: | | | |
| Name of contact pe | erson: | | | | | | |
| Home Phone: | | Work Phone | e: | Fax: | | | |
| for damages or d bill. | | occur and agree | to pay all fees v — | vithin thirty | I take any responsibility (30) days of receipt of | | |
| | | | | | OFFICE USE ONLY | | |
| Approved | | | | D !! | 0 1:5 1 51 | | |
| - | | | | | Certificate of Insurance | | |
| — — — — — — — | | | | | | | |
| Date: | | INVOICE | | | | | |
| Required custodian (hrs.) Polic (billed from Principal's office) (billed | | | | e d from Police Department) | | | |
| Name(s) of Emplo | | | | | | | |
| Facility Fee: Fee for Employee(TOTAL DUE MSA | | | | | | | |

Please make check payable to: MSAD #35, 180 Depot Road, Eliot ME 03903

Payment is due 30 days from invoice date