

COMSTOCK COMMUNITY AUDITORIUM & COLT CENTER

Application for Building Use

Name _____ Date _____ Year of Event _____
(Last) (First)

Address _____ Phone _____
(Street) (City) (State) (Zip) (Work) (Cell #)

Email Address _____

Name Of Organization _____ Projected Attendance _____ Actual Attendance _____

Event or Purpose _____ Person in Charge _____ Phone _____

501C3 Community Event School Event Other _____

Rooms/Areas Requested: Colt Center Auditorium Kitchen Dressing Room Scene Shop Lobby

Program Date(s) _____ Time In _____ Curtain _____ Time Out _____

Rehearsal Date(s) _____ Time In _____ Time Out _____

Tickets: Adults \$ _____ Seniors \$ _____ Youth \$ _____

Lessee must pay a deposit with the return of this signed agreement to hold dates

Check any of the equipment you will need and quantity when indicated:

	<u>AUD</u>	<u>CC</u>		<u>AUD</u>	<u>CC</u>
ELECTRIC PIANO	<input type="checkbox"/>	<input type="checkbox"/>	FOLLOW SPOTS	<input type="checkbox"/>	
CD PLAYER	<input type="checkbox"/>		TABLES 6FT # _____ 8FT# _____ Round _____		
PODIUM	<input type="checkbox"/>	<input type="checkbox"/>	CHAIRS # _____	<input type="checkbox"/>	<input type="checkbox"/>
MUSIC STANDS	<input type="checkbox"/>	<input type="checkbox"/>	RISERS # _____	<input type="checkbox"/>	<input type="checkbox"/>
MICROPHONES	<input type="checkbox"/>	<input type="checkbox"/>	DVD PLAYER	<input type="checkbox"/>	<input type="checkbox"/>
PROJECTION SCREEN	<input type="checkbox"/>	<input type="checkbox"/>	VIDEO PROJECTION	<input type="checkbox"/>	<input type="checkbox"/>

OTHER _____ Will you be selling Concessions in the Lobby? Yes No

Will refreshments be served? Yes No Will you be hanging anything from the stage battens? Yes No

Advertising on Digital Boards \$50.00 Seating: " GA Reserved

I am aware of all conditions pertaining to the use of school property and auditorium equipment. I understand this is only an application and we are not entitled to use the facility, equipment or advertise the dates of use until a contract has been fully executed. I further understand that this is an alcohol and smoke-free facility.

Applicant's Signature _____ **Date** _____

FOR OFFICE USE ONLY

COST ESTIMATE

Labor	Hours	\$ Hr.	Total
Custodial			
Lighting Technician			
Sound Technician			
Stage Manager			
Auditorium Manager			
Fly Technician			
TOTAL			
Rental	Hours	Rate	Total
Auditorium			
Colt Center			
Equipment			
TOTAL			

TOTAL ESTIMATED COST \$ _____

Amount of Deposit Received _____

Date _____

_____ **Initials** _____