

APPLICATION FOR COMMUNITY USE OF THE JAMES KOVAL CENTER FOR THE PERFORMING ARTS

North Thurston Public Schools No. 3
600 Sleater Kinney Road NE, Lacey, WA 98506
Phone: (360) 412-4800

Name of Applicant and/or Organization _____ Phone _____

Name of Person in Charge _____ Phone _____ Purpose of Renting Facilities _____

Billing Address _____ City _____ State _____ Zip _____

| DATE(S) TO BE USED | <u>Time Open</u> | <u>Time Close</u> | <u>Time of Event</u> |
|--------------------|------------------|-------------------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Number of people anticipated _____ Will there be an admission fee, collection or funds solicited? YES _____ NO _____

NORTH THURSTON AUDITORIUM RENTAL FEE

| | A | B | C | D | E |
|----------------------------------|----|----|--------|--------|--------|
| Performance (4 hours minimum) | NC | NC | 138.50 | 191.30 | 233.80 |
| Rehearsal (6 hours minimum) | NC | NC | 63.70 | 70.70 | 99.65 |
| *Second performance (same day) | NC | NC | 85.10 | 96.15 | 113.10 |
| Meeting only (3 hours minimum) | NC | NC | 99.65 | 113.10 | 170.30 |
| Flex room only (3 hours minimum) | NC | NC | 17.10 | 17.10 | 17.10 |

| | | | | | | |
|-----------------------------------|---|----|-------|---|----|-------|
| _____ meeting(s) | @ | \$ | _____ | = | \$ | _____ |
| _____ rehearsal(s) | @ | \$ | _____ | = | \$ | _____ |
| _____ performance(s) | @ | \$ | _____ | = | \$ | _____ |
| _____ 2 nd performance | @ | \$ | _____ | = | \$ | _____ |
| _____ @ | @ | \$ | _____ | = | \$ | _____ |

All fees for categories B through E are based on an hourly rate.

*This rate assumes that the second performance is a repeat performance of the first performance. If the second performance is a different program, the first performance rate will be charge.

| | | | | | | |
|-------------------------|-------|---|-------|---|---------------------------|-------------------------------------|
| Production Manager | _____ | X | _____ | @ | \$40.00 an hour = \$_____ | (required to supervise) |
| Technician | _____ | X | _____ | @ | \$12.32 an hour = \$_____ | (required to run our equipment) |
| House Manager | _____ | X | _____ | @ | \$12.32 an hour = \$_____ | (1 House Manager required) |
| Custodian | _____ | X | _____ | @ | \$37.00 an hour = \$_____ | (4 hour minimum/day) |
| Parking Attendant/Usher | _____ | X | _____ | @ | \$12.32 an hour = \$_____ | (as needed, see Rental Information) |
| Production Assistant | _____ | X | _____ | @ | \$22.25 an hour = \$_____ | (see auditorium rental information) |

FEES: A \$200 refundable damage deposit is required at least 20 days prior to use of the auditorium. The deposit may be refunded after use of the auditorium based on the condition of auditorium. All other charges and fees are payable to the North Thurston Public Schools upon billing.

North Thurston Public Schools does not discriminate against persons who have a disability in any of its programs or activities. It is expected that organizations who rent District facilities will also provide programmatic access to any person with a disability who may wish to participate in their organization's activities.

I have read and understand all CONDITIONS AND RESPONSIBILITIES and INSURANCE COVERAGES specified on the back of this agreement form. I am aware of the required damage deposit and I am authorized to sign the agreement.

Name of Applicant (please PRINT)

Auditorium Manager Approval

Date

Applicant's Signature

Date

Reviewed by

Date

Insurance Certificate