

APPLICATION FOR USE OF THE BHS AUDITORIUM

2100 Slayden Street
Brownwood, TX 76801

Organization: _____

Fax: _____

Applicant's Name: _____ Phone: _____

Local Address: _____

Email: _____

Date(s) of Event: _____

Will Admission/ Registration be charged? ____ Yes ____ No

Time Requested: _____

Actual time of Event: _____ To _____

LOCATION REQUESTED:

_____ Auditorium _____ Dressing Rooms _____ Green Room

Purpose or type of Program: _____

Est. Attendance: _____

MATERIAL/EQUIPMENT REQUESTED (*please specify number*):

Table _____ Sound System _____ Chair _____ Computer _____

Podium _____ LCD Projector _____ Microphone _____

DVD _____ Screen _____ Wireless Mic _____

CD Player _____ Other _____

GUIDELINES: Late requests will not be honored. Reservations are tentative and subject to cancellation until approved. A request may be denied if it conflicts with other activities. Applicants are responsible for the proper use of the facility/equipment, damages, conduct of the organization's members/guests, and agree to respect the rights of groups in adjoining areas.

APPLICATION DUE 14 DAYS PRIOR TO THE EVENT

REFRESHMENTS: Food/Drink is not allowed in the auditorium under any circumstances! Food and drink is allowed in the Green Room only!

I have read and fully understand the above guidelines. I am also aware that failure to comply with these guidelines may result in the loss of privilege to use the BHS Auditorium for 30 days.

Signed Date: _____

Applicant Approved: _____ Date _____

BHS Principal

Applicant Approved: _____ Date _____

BHS Theatre Director

ADDITIONAL USAGE GUIDELINES

- Applicants are responsible for payment of fees. Invoices are mailed one week after events and must be paid within 30 days. **NONPAYMENT WILL RESULT IN THE LOSS OF PRIVILEGE TO USE THE FACILITY.**
- Reservations are tentative and subject to cancellation until approved by authorized BISD personnel.
- Parking for patrons is available.
- Do not attach anything to walls, ceiling or glass.
- If an event is cancelled, notification must be received within 48 hours prior to avoid loss of privilege to use the facility and forfeiture of all fees.
- *Please address questions/concern to Mitch Moore, BHS Principal, at (325) 646-9549.*

I agree to abide by the regulations governing use of space, understand the terms and conditions, and accept the responsibility and liability as defined for the financial obligations.

Signed: _____ Date _____

Applicant

Please return to:
BHS
c/o Shannon Lee
Director of Theatre
2100 Slayden
Brownwood, Texas 76801

For Office Use Only: Rec'd

Date: _____ Time: _____ Approval: _____

Room Rental: \$ _____ Budget: _____

Labor: \$ _____ Budget: _____

Misc: (clean-up, A/V, reset, damages): \$ _____

Budget: _____ Approval: _____