



# PERFORMING ARTS CENTER OF WISCONSIN RAPIDS

## APPLICATION FOR USE

Organization Sponsoring Event: \_\_\_\_\_

Event Description: \_\_\_\_\_

<b>PLEASE SPECIFY DATE</b> OF EVENT: _____ →				
<b>Setup Time</b>	<b>Open Lobby</b>	<b>Program Start</b>	<b>Program End</b>	<b>Estimated Attendance</b>
am pm <small>(Time Scheduled before event)</small>	am pm	am pm	am pm	(832 Seats Max)
Do you need to use the facility for rehearsal?      YES      NO		REHEARSAL DATES/TIMES:		
Are you charging an admission fee?      YES      NO		If yes, what will the charge per seat be?      \$ _____		
Are you requesting a good will offering from the audience?      YES      NO				

Which Technical Package do you require? **Please check the closest match:**

<b>SIMPLE Package</b>	<b>CONCERT Package</b>	<b>PRESENTATION Package</b>	<b>FULL Package</b>
μ	μ	μ	μ
Includes: 4 1-2 Microphones 4 Pre-Programmed Lighting	Includes: 4 1-4 Microphones 4 Pre-Programmed Lighting	Includes: 4 1-4 Microphones 4 Pre-Programmed Lighting	Includes: 4 Full Sound System (requires Technician) 4 Full Lighting System (requires Technician)
<u>Options (please check):</u> <input type="checkbox"/> Speaker's Podium <input type="checkbox"/> Additional Sound Set-up (requires technician)*	<u>Options (please check):</u> <input type="checkbox"/> Conductor's Podium <input type="checkbox"/> Speaker's Podium <input type="checkbox"/> In-House Headset Communication <input type="checkbox"/> Full Sound System (requires technician)* <input type="checkbox"/> Full Lighting System (requires technician)*	<u>Options (please check):</u> <input type="checkbox"/> In-House Headset Communication <input type="checkbox"/> Additional Sound Set-up (requires technician)* <input type="checkbox"/> Full Sound System (requires technician)* <input type="checkbox"/> Full Lighting System (requires technician)*	<u>Options (please check):</u> <input type="checkbox"/> Speaker's Podium <input type="checkbox"/> In-House Headset Communication <input type="checkbox"/> Fly System (requires certified operator)*

Options with additional charge (please check):

<input type="checkbox"/> Acoustic Shell Installed <input type="checkbox"/> Steinway Grand Piano <small>(tuning charges borne by user)</small> <input type="checkbox"/> Move Orchestra Pit Cover <small>(charge will be assessed according to fee schedule #2)</small>	<input type="checkbox"/> Choral Risers – Qty: _____ <input type="checkbox"/> Platform Risers – Qty/Size: _____ <input type="checkbox"/> Power Podium <input type="checkbox"/> Individual AV Equipment _____ <small>What do you need?</small> <ul style="list-style-type: none"> <li><input type="checkbox"/> VCR</li> <li><input type="checkbox"/> Document Camera</li> <li><input type="checkbox"/> Computer (pc/mac) input</li> <li><input type="checkbox"/> Cable Television</li> <li><input type="checkbox"/> Video Projector</li> <li><input type="checkbox"/> Video Screen</li> </ul>
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\*Whenever a technician or fly operator is required, user pays hourly labor charge for either "regular" or "expert" technician. See Policy 1330.

What furniture do you require?			
Chairs	Tables	Music Stands	Other
			Choral Risers:  Platform Risers: (Height)

Would you like the house divider closed?       Yes       No

Are there any other items that you need that were not addressed?       Yes       No

Please explain: \_\_\_\_\_

Do you need:

- |  |   |
|--|---|
| <input type="radio"/> Box Office Facility                    | <input type="radio"/> Cafeteria Refreshment Area                        |
| <input type="radio"/> Follow Spot lights/booths (tech extra) | <input type="radio"/> Studio Rooms                                      |
| <input type="radio"/> Dressing Rooms                         | <input type="radio"/> Other Rooms at Lincoln High School outside of the |
| <input type="radio"/> Music Rooms                            | Performing Arts Center (additional fees may apply)                      |

Specify: \_\_\_\_\_

Will you be using open flame, pyrotechnics, smoke, or chemical fog during your use of the PAC?       Yes       No

If Yes, please explain: \_\_\_\_\_

Do you plan to broadcast, telecast, or record this performance?       Yes       No

While utilizing WRPS parking lots, do you plan to assess a parking fee/charge?       Yes       No

If Yes, please explain: \_\_\_\_\_

**NOTE: If you have a document that describes your technical requirements, please attach it to this form.**

CONTACT PERSON(S):

NAME:	NAME:
ADDRESS:	ADDRESS:
CITY/ST/ZIP:	CITY/ST/ZIP:
PHONE w/area code:	PHONE w/area code:
E-MAIL:	E-MAIL:

The Wisconsin Rapids Public School (WRPS) district will hold a date for 30 days from the date of initial inquiry, after which the date will be released unless a completed application has been received. If the Application for Use is approved, the user organization will receive a Short-Term Use Agreement with the estimated rental charges and a bill for deposit.

**COMPLETE THIS APPLICATION AND RETURN TO:**

Cindy Buttke  
WRPS  
2510 Industrial Street  
Wisconsin Rapids, WI 54495

**For Office Use Only**

Approved By \_\_\_\_\_  
Copy to B&G \_\_\_\_\_  
Copy to LHS \_\_\_\_\_  
Copy to HVAC \_\_\_\_\_  
Copy to Other \_\_\_\_\_

Questions may be directed to Cindy Buttke at (715) 422-6049.

