

## ACALANES UNION HIGH SCHOOL DISTRICT 1212 Pleasant Hill Road, Lafayette, CA 94549 925-280-3966 rentals@auhsdschools.org

Permit ID#
------------

## THEATER RENTAL PERMIT APPLICATION

Step 1: Fill out the application.

Step 2: Obtain Certificate of Insurance. (See page 9 of the Facility Rental Handbook for instructions)

Step 3: Email completed application and Certificate of insurance to rentals@auhsdschools.org

\* Please note application must be submitted a minimum of two weeks in advance.

i lease flote applicat	ion must be subim	itea a illillillillillillillillillillillillill	two weeks in advance.				
SCHOOL SITE REQUES	STED:	Application Date:					
Acalanes H	S Ca	mpolindo HS	Del Valle	Las Lomas HS	Miramonte HS		
ACCOUNT INFORMAT	ΓΙΟΝ:						
Organization Name:							
Contact Name:		Email	l:	Phone:	Phone:		
Address:							
Billing Address:							
Non Profit ID# (if app	licable) - Please pr	ovide 501(c)(3) do	cumentation for Group	ll rate.			
GROUP CLASSIFICATI	ON: (District will o	letermine Group C	Classification)				
Group I - District and School Use, Group			Agencies, Community and 501(c)(3) groups.	•	<b>Group III</b> - Commercial groups, businesses, & religious organizations.		
RENTAL INFORMATION	ON:						
Event Description:							
No. of Spectators:	No. of P	articipants:	Use of Third Part	y Vendors:	YES NO		
THEATER:							
Acalanes Theater (387 capacity)			Del Valle Theater (485 capacity)				
Dressing Room			Dressing Room				
<del></del>	o Theater (462 car Green Room	acity)	Miramonte Theater (279 capacity)				
	Theater (284 capa	city)	Other:	Other:			
!	Dressing Room						
		* No Food or Dri	ink in any of the The	aters.			
EVENT DATES/TIMES	: 2 hour re	ental minimum plus c	pperations support set-up	& clean-up. Hours of use m	nust be between 6a-10p		
DAY		DATE(S)	, , , ,	START TIME	END TIME		
					<u> </u>		

<sup>\*</sup> Alcohol, tobacco products, e-cigarettes, marijuana, drugs, and weapons of any kind are NOT allowed at any AUHSD facility at any time.



## THEATER RENTAL PERMIT APPLICATION - page 2

FOLUDIMENT: /Thora :a	a conarata charac	for onlines	ent rontal and	d overs cot us /	'cloan un ba	nure will apply	١	
Sound Booth Microphone(s):					ciean-up no	General Ligh		
	Sound Booth   Which of the control of the cont					Speciality Th	_	nting
Podium	a(5) a(7).	v	Wired Qty: Wireless Qty:			Specific Light	_	6
	Screen (HDMI/VGA						0	
	· · ·	•						
STAFFING: (District us	e only)							
AV Technicia	nn (for theater sou	nd, theater li	ghting, stadiu	ım sound, etc.)				
A'	V Technician name	•				<u></u>		
Theater Wal	k Through	Yes	No	Date/Ti	me:			
Operations support wi	II be charged for a	ll events at t	he hourly ra	te listed on the	Schedule o	of Fees.		
			<u> </u>			-		
LIST ADDED STRUCTUR	RES/EQUIPMENT T	O BE BROUG	HT BY USER	TO FACILITY A	ND/OR SPE	CIAL INSTRUCT	IONS:	
I hereby certify that I am		_				_		
organization agrees and o				_		egulations and po	olicies	
of the Acalanes Union Hig	gn School District gov	erning the use	e of the premis	es and/or equip	ment.		-	Initial
DISCLAIMER FOR NON SO	CHOOL ORGANIZATION	ONS: Except fo	r school based	organizations, a	all organizatio	ons using school	facilities	
must make it known that		-		_	_	_		
and/or flyer must contain								
individuals in this activity								
								Initial
<b>HOLD HARMLESS AGREE</b> and its Board, officers, ag		•			-	•		
expenses, or costs of any		-			_		-	
negligence on the part of	District, Board, office	ers, agents and	d/or employee	S.				
								Initial
<b>POLICIES AND PROCEDUI</b> this application. I have re								3
								Initial
					Rec	'd: Fe	e Schedule	
Signature		D	ate			Initial		
After receipt of your appl	ication, the Facility R	ental Represe	ntative will co	ntact you via em	ail with your	preliminary app	roval and	
your invoice for pre-payn	•						receive your	
permit for facility use. If y	ou have any questio	ns, please call	(925) 280-396	6 or email <u>rental</u>	ls@auhsdsch	ools.org		
*Facilit	y user is require	d to have th	e nermit at	the facility re	ental throu	ighout the eve	ant	
i aciiii	y user is required		OFFICE USE	-	ciitai tiiiou	ignout the eve	511 <b>(.</b>	
COL Descived	VEC NO				auirod.		VEC	NO
COI Received	YES NO		DIS	trict Staffing re	quirea:		YES	NO
Site Approval		Date		Facility I	Jse Director	Annroval	Dat	
one Approval		Date		racinty C	JJC DITECTOR	γρίοναι	Dat	
Invoice Created date	Daymon+ D	eceived Date		Check #	<del></del>	Credit Card		
Comments:	rayment N	cceived Date		555K II				
COMMICTION.								