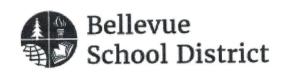
## **Newport Performing Arts Center**

Technical/Equipn	nent Requireme	ents:	. 4		
Name if Group:	North west	Chinese	School		
Name if Group:  Name of Event  Contact  Day of Event Contact	Graduatio	n Cere	mony E	vent Date06/(o	12017
Contact Dong	Μ <sub>α</sub> En	nail dong . m	a@nwchinese.	org Phone Z	06-778-037:
Day of Event Contac	ct Name and Numl	<b>ber</b> (if different fro	om above)	O	
Additional Rooms U					
□ Green Room □ Tio		mons/Lobby 🗆 C	Cafeteria □Other:_		
Expected Attendance	ce250	N	umber of Perform	ers	
Event Description:					
200110 Description					
		T		Frank Ford	Breakdown
Date	Time In	House Opens	Event Start Time	Event End Time	time
i.e. 4/5/2016	(set-up) 4:00pm	7:00pm	7:30pm	9:00pm	10:00pm
,				112	
06/10/2017		9:00 AM	9:30 Am	11:00 Am	(1:30 AM
1 / 511					
	1				
Stage/Scenery	: 🗖 Grand Drape $c$	Circle: Open or close	cd Center Travelo	<b>er</b> <i>Circle</i> : Open or Clo	sed 🗆 Cyc
Podium/Lectern	Identify which side of stage	R) C L	Projection Screen (		
✓ Projector: Compute	ter or dvd Player (use	r must provide compute			
☐ Bringing Set/Scer					
□ Flown Scenery*: *May require additiona					
Way require additiona	r stajj depending on d	30			
Audio: Indicate nur	nber needed. Number	provided indicates	how many available.		
Microphones: Wir	eless ₃ ( <u>   3   )</u> ⊒Lape	el 2 () 🗆 Wired	d 9 () □Choir(	_)	ary()
√ Mic Stands ( <u>3</u> )	Boom or straight	□ Monitors (	□CD Player □ Hea	dsets	
Lighting: Lectu					
• • •	N 00 0=1				
□ Custom — Requires ac					ided by the user.
□ Spot light — Requires	s additional technician or us	er provided operator ap	proved by the PAC Coordina	tor/site supervisor.	
Additional: Thes	se are available with a	n additional cost to	public users		
✓ Music Stands (	)			ıds 🗆 Orchestra	Pit
☐ Folding Chairs (					

**Set-Up Diagram/Comments:** (any additional needs i.e. chairs in green room, etc.)



Ap	pl	ica	atio	n	No.

## **BUILDING USE/PAC APPLICATION**

12037 NE 5<sup>TH</sup> Street Bellevue, WA 98005 425-456-4500

	Applicant Information						
	Northwest Chinese School Today's 0/06/2016						
Person Responsible	Person Responsible: Dong Ma						
Billing 616	120th Ave NG Suite C204						
Bell	eune WA 98005						
City	State ZIP Code						
Phone: 206	= 349-6927 Email dong. ma @nwchinese. org						
Phone: 26-349-6927 Email dong. ma @nwchinese. org  Are you a Non-Profit Organization? Xyes \( \text{No} \) Tax \( \text{Tax } \) This \( \text{911674030} \) (501 \( \text{c3} \)							
250							
Primary Use: Al	School Information						
	School information						
School/Location Re	equested: Choose an Item						
Rooms Needed:	PAC						
Dates: 0 6/0	12017						
	/zo17 c: (check all that apply) □M □T □W □T □F ASA □SU						
	c: (check all that apply) □M □T □W □T □F SA □SU						
Day(s) of the Week	ti: (check all that apply) □M □T □W □T □F ASA □SU  ding: Time Leaving Building:  9:30 AM Event End Time: ((:30 A) M						
Day(s) of the Week	i: (check all that apply) □M □T □W □T □F ASA □SU  ding: Time Leaving Building:  9:30 AM Event End Time: (1:30 AM						

	C	edit Card Payment	Information	
Name on Cre	edit Card:			
	//ailing Address:			Verification Code:
	State:			
•	orize Bellevue School Dist		or MASTERCARD \$	S
Signature:				
		Requireme	nts	
Schedule, ple current fee sc	ase click on this link: [insert	link] or the Facility Scho	eduler or the Facilities	ormation on the Building Use Fee Department has copies of the 05. Please indicate the school
volunteers are respect to liab form of an end	Certificate of Insurance, with the to be covered and named ability arising out of the operated dorsement to the insurance. Le, WA 98005.	as an additional insured ions of the insured. Th	l, on the Commercial ( e General Liability cov	rs, officials, employees, and General Liability policy with verage can be provided in the finsurance should be 12111 NE
requirement s defend, proted District, its off indirectly out of single limit bo	thall be provided to the District, and indemnify for costs, laters, employees, agents, are of user's use of the facilities.	ct two weeks prior to the gal, and any and all ot and directors, from any a User(s) shall obtain liage. Failure to provid	e scheduled use of the her expenses or dama nd all claims, liabilities ability insurance for no	below and the liability insurance e facility. User(s) shall agree to ages and to hold harmless the s, or suits arising directly or less than \$1,000,000 combined II result in cancellation of the
provided less If a scheduled seventy-two (	s: PAC cancellations must be than 30 days before the school facility use is changed and 72) hours in advance of the his 72 hour advance notice.	eduled use, the user is for cancelled, the user s	subject to a charge of shall notify the building	f up to half the total original cost. g principal or designee in writing
	Marie Carlos Carlos (1997)	Agreement and S	Signature	
stated abov	cedures 9500.1, 9500.3, a this Building Use Applic	nditions of the attach nd/or 9500.4. Appro	ned Agreement (plea val by the District w	ase see Page 3), and with the will be indicated by the red by the School and the
Signature:	2	7		Date: 09/66/2016
Signature: _	School (insures custodial st	affing arrangements will be	made if required)	Date:
Signature: _	Facility Department App	roval		Date:

[Note for school: Please tape a copy of any receipt of payment, before sending application to the Facilities Department]