

PAC EQUIPMENT FORM; Directions for use (please read):

Return to PAC Coordinator within 5 days of Facility App submittal – fax 425-456-4584 OR 12037 NE 5TH Street, Bellevue WA 98005

To complete this form: In the COLUMN of the school being used CIRCLE the items needed.

If the equipment is available at that school, a 'Y' will be indicated. If it is not available 'N' is indicated. Associated costs are indicated with '\$Y'. A number indicates the general amount available at that school; each theater, and the equipment within, are used daily for learning. At times the full number indicates is not available and not known until we arrive.

Add special instructions on each line or at bottom in the comments section

EARLY ENTRANCE KINDERGARTEN PARENT INFORMATION NIGHT **BRICKMOUNT**

Name of Event:	Day of Event Contact Name: LETHIA ENSTRÖM OR
Date of Event: 1-12-12	PAC or Schl: IHS PAC
Day of Event Contact Number: 425-256 4149	
Description of Event: PARENT INFORMATION NIGHT FOR EARLY ENTRANCE TO KINDERGARTEN	

Add Comments in this column or at bottom ↓		IS	IHS	NHS	SHS
STAGE					
FULL STAGE Or		Y	Y	Y	Y
HALF STAGE Or	(Mid-stage forward)	N	Y	Y	Y
APRON ONLY	(In front of CLOSED Grand curtain- generally used for lectures)	Y	Y	Y	Y
Grand Curtain Set (how do you want the main curtain to look?)	CIRCLE ONE (1)Down & closed 2)Down & open 3)Stage Framed (grand valanced at top w/false walls extended)				
LIGHTING					
House/Lecture	Audience and apron lights only	Y	Y	Y	Y
Standard	AS IS when you enter PAC; no light adjustment; Can be operated by User from panel or turned on at start of program and left	Y	Y	Y	Y
Custom	Requires Technician – Specific; include info on spots & genie lift; COLORED GELS ARE USER PROVIDED	\$Y	\$Y	\$Y	\$Y
AUDIO					
Use of most items requires technician					
Choir Microphones	hung at front of stage; used for choirs	0	2	0	2
Wireless Microphones	Handheld/Lapel (or clip on)	1	2	2/3	1/0
Floor Table Boundry Microphones	lays flat on floor or table; supercardioid condensor	0	2	3	3
Vocal Instrument Microphones	Dynamic Supercardioid	4	6	7	13
Mic Stands		3	4	7	8
Monitors/Speakers	Generally used for musical feedback	2	4	4	3
Communication Head-Sets (wired only)		6	6	6	12
Projector (permanently mounted in front of screens)	EPSON PowerLite 8300NL; User must bring in computer to project presentations	Front	Front	Front	Front
Projection Screen	Permanently mounted in front of main curtain at all schools	Y	Y	Y	Y
USER MUST PROVIDE COMPUTER	No MAC Support	Circle here			
CD Player	*Cannot accept MP3 formatted disks	Y*	Y*	Y	Y*
DVD Player		Y	Y	N	N
Assisted Listening Devices		N	Y	Y	Y
ADDITIONAL OPTIONS					
Podium	Identify which side of stage L R CLASSED FROM AUDIENCE POV	Y	Y	Y	Y
Music Stands	Must be Ordered; associated costs (delivery charge) for users only; in bulk of 30; 60 total	\$Y	\$Y	\$Y	\$Y
Choir Risers	Must be Ordered; associated costs (delivery charge) for public users only; 4 sections, 3 risers/20 students per section – no backs	\$Y	\$Y	\$Y	\$Y
Shells	Associated Costs to public users	N	\$Y	\$Y	\$Y
Clouds	Associated Costs to public users	N	N	\$Y	\$Y
Orchestra Pit	Associated Costs; cover removal/installation	N	\$Y	\$Y	\$Y
Other					
Locking Fly Rail	Requires Technician	N	Y	Y	Y
"Green" Room	List items needed, i.e., tables, chairs ONLY NEED ACCESS	Y	Y	Y	Y
Ticket Booth		N	Y	Y	Y
Coat Room		N	N	N	Y
Lobby		Y	N	N	Y
Other Rooms Needed	List other rooms being requested for use in the school				

(gen. used for musical feedback) *cannot accept MP3 formatted disks

Additional Comments: (please be as specific as possible, we will be using this to support your event)

WE WILL BE HAVING THE MEETING
VIDEOTAPE TO PLACE ON THE
BSD WEBSITE



BUILDING USE APPLICATION
 Bellevue School District
 12037 NE 5th Street, Bellevue, WA 98005; 425-456-4500

ORIGINAL APPLICATION NO.
 42813

INSTRUCTIONS: PLEASE PRINT. The applicant is to complete PART I ONLY. The facility scheduler will insert all estimated costs based upon the applicant's user classification and information provided. For further information, refer to Policy 9500 and Procedures 9500.1, 9500.3 and/or 9500.4.

SPECIAL EDUCATION PART I - APPLICANT INFORMATION

Name/Organization: Early Entrance to Kindergarten School Requested: Interlaka
 Contact Person: Enka Dunix / Leihua Edstrom Rooms Needed: (attach list if needed) Performing Arts
 Billing Address: 12111 NE 1st St, Bellevue, WA 98005 Center
 Dates: (attach list w/times if more than one day) 1-12-12
 E-mail Address: dunix@bsd405.org / edstroml@bsd405.org Day(s) of the Week: (circle) M T W TH F SA SU
 Daytime Phone: 206-456-4149
 Non-Profit? YES NO / Primary Use: ADLT YTH / Food Being Served? YES NO Expected Audience #: 100
 Time Entering Building: 5:30p.m. Performance Start Time: 6:00p.m.
 Time Leaving Building: 9:30p.m. Performance End Time: 9:00p.m.

Event Description:

Parent Information Night for Early Entrance to Kindergarten

FEES: A \$20.00 non-refundable processing fee must accompany this application. Facility Scheduler has copies of the current fee schedule, or one may be obtained on-line. Information may also be obtained from the Facility Use Office. Checks shall be made payable to Bellevue School District NO. 405. Please indicate the name of the location requested and application number on your check.

INSURANCE: Applicants agree by their signature hereto to hold the Bellevue School District harmless as a result of their use. In addition, prior to application approval, users may be required to supply a certificate of insurance with a reputable insurance firm, indicating full liability coverage (with the Bellevue School District listed as an additional insured) of at least \$1 million combined single limit bodily injury and property damage. For use of all Performing Arts Centers (PAC), insurance is required. **CANCELLATIONS:** School activities have preference over community use. Procedure 9500.1, sections 2.10 and 2.11, outline applicant cancellations and section 7.0 outlines District cancellations. Additional cancellation information for PAC's is also located in Procedure 9500.4, section 3.0. Exceptions to the District cancellation procedure include a power curtailment or closure due to weather. PAC cancellations must be done 30 days in advance or up to half of the original estimate could be billed.

SCHOOL HOLIDAYS: School facilities are not available for community use during school functions or classified/administrative holidays. PAC rental during holiday schedules must be predetermined by staffing availability. **AGREEMENT:** By the signature below, the applicant has read and agrees to the terms and conditions stated above, on the reverse side of this application (or page two when downloading on-line) and Bellevue School District Procedures 9500.1, 9500.3, and/or 9500.4. Approval by the District will be indicated by the issuance of this BUILDING USE APPLICATION, which has been signed by all parties.

ACCEPTANCE OF TERMS: [Signature] TODAY'S DATE: 8-2-11
 APPLICANT SIGNATURE

Credit Card Payment Information:

Name on Credit Card: _____ Credit Card #: _____ Exp. Date: _____ Verification Code: _____
 Credit Card Mailing Address: _____ City: _____ State: _____ Zip: _____
 I hereby authorize Bellevue School District to charge my VISA or MasterCard \$ _____ Signature: _____ Date: _____

FOR SCHOOL/DISTRICT USE ONLY: PART II - FEES ESTIMATE

Calendar'd by School?	Calendar'd by District?	CLASSIFICATION	Gustodian Assumed?
YES	NO	2	NO
Non-refundable Application Processing Fee: _____ CC/Cash <input type="checkbox"/> \$20.00 <input type="checkbox"/> POS			
Facility Fee:	<input type="checkbox"/> Room(s)	# rooms	X \$ rate X # days = \$
	<input checked="" type="checkbox"/> Performing Arts Center (PAC)	4.0	X \$ 0 X # days = \$ 0
Supervision:	<input checked="" type="checkbox"/> Site <input type="checkbox"/> School Tech* <input type="checkbox"/> Other	5.0	X \$ 48.00 X # days = \$ PAC
Supervision is required for all PAC events in their entirety + 1 hour		5.0	X \$ 32.00 X # days = \$ PAC
Technician:	<input checked="" type="checkbox"/> M-F <input type="checkbox"/> Weekend	2.0	X \$ 40.00 X # days = \$ 80.00
Custodial*: <input checked="" type="checkbox"/> M-F <input type="checkbox"/> Weekend	Minimum 2 hrs. Minimum Entire event + 2 hours		
Other (specify): _____			X \$ rate X # days = \$
(i.e., custodial, technical staff, equipment, parking)			X \$ rate X # days = \$
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(i.e., custodial, technical staff, equipment, parking)			X \$ rate X # days = \$
Special Instructions: <u>BUDGET TRANSFER OF 80.00 REQ'D.</u>			TOTAL: = \$ 80.00

Check#: _____ Check Amount: _____

School Signature: _____ Date: _____
 School signature insures coordination with custodial staff for event.

Facility Use Office Approval: _____ Date: _____