

The Theatre at Notre Dame High School - Application for Facility Rental

Please fill out the application and return: by mail to: **Bradley Swiatkowski, Theater Manager for Outside Rentals, 60 Spangenburg Avenue, East Stroudsburg, Pennsylvania 18301** or by FAX to: 570-476-0629 or by email to: theater@ndhigh.org (have questions? - email: theater@ndhigh.org or call 570-269-6110)

Organization requesting facility: _____

Non-profit Yes No

Purpose of use: _____

Requirements/arrangements:

CHECK REQUESTED ITEMS:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Dressing Rooms (2) | <input type="checkbox"/> Light Board | <input type="checkbox"/> Trim Set Moved | <input type="checkbox"/> Sound Technician |
| <input type="checkbox"/> Stage Crew | <input type="checkbox"/> Non-Standard Lighting (requires approved plan) | <input type="checkbox"/> Risers | |
| <input type="checkbox"/> Piano (charge) | <input type="checkbox"/> Chairs | <input type="checkbox"/> Rehearsal(s) | <input type="checkbox"/> Load in & out |
| <input type="checkbox"/> Concessions | <input type="checkbox"/> electrical tie in (charge) | <input type="checkbox"/> More than 2 Dressing Rooms (charge) | |

Day(s) to be used: Please circle: Mon Tue Wed Thurs Fri Sat Sun

Month: _____ Year: _____

Date(s) _____

Date: _____ Time to be used: Starting at: _____ AM / PM. Ending at: _____ AM / PM

Date: _____ Time to be used: Starting at: _____ AM / PM. Ending at: _____ AM / PM

Date: _____ Time to be used: Starting at: _____ AM / PM. Ending at: _____ AM / PM

Date: _____ Time to be used: Starting at: _____ AM / PM. Ending at: _____ AM / PM

Date: _____ Time to be used: Starting at: _____ AM / PM. Ending at: _____ AM / PM

Curtain time(s): _____ AM / PM Date: _____

Curtain time(s): _____ AM / PM Date: _____

Curtain time(s): _____ AM / PM Date: _____

Number in group _____ Amount of admission to be charged (if any): _____

The undersigned applicant agrees to abide by the rules and regulations adopted by the TTND governing the use of school facilities, a copy of which will be made available upon request. INDEMNIFICATION: The applicant shall, during all times while it uses the school property, indemnify The Theatre at Notre Dame (TTND) or Notre Dame High School (NDHS) against all liability, loss, cost, damage or expense sustained by TTND including attorney s fees and other expense of litigation; a) on account of or through the use of the property by the applicant or other person for any purpose inconsistent with this application; b) due to any failure of the applicant to satisfy his/her obligations under this application, in any respect promptly and faithfully; c) arising out of any accident causing injury to any person or property resulting from the use of the property unless such injury was caused by the affirmative negligence of TTND/NDHS or its employees; d) for which TTND/NDHS may without the fault of TTNF/NDHS become liable, and especially, but not exclusively, any such liability, loss, cost, damage, or expense that my arise under any statute, ordinance or regulation. The applicant acknowledges that TTND/NDHS carries insurance, which insures it against public liability and for property damage, arising out of the negligent acts of only TTND/NDHS employees, or any defect in the structure itself. *These policies do not, however, provide any insurance either for public liability or property damage the applicant then the company insuring such facilities or personal property may have the right to recover from the applicant the amount paid by the insurer due to the loss.*

Organization: _____

Address: _____

Phone Number: _____ Cell Number: _____

Status: Corporation; Not-For-Profit; Individual; Government; 501(c)(3) Number _____

Applicant: _____

Address: _____

Phone _____ EMAIL _____

Applicant Signature: _____

A Deposit is due two weeks in advance of use. Once approved, make payment to: Notre Dame High School, 60 Spangenburg Avenue, East Stroudsburg, PA 18301. Attention: Business Office

Office Use Only

Your Application has been: approved denied

HALL FEES WORK SHEET

HOURS OF USE _____ HRS@ _____ /HR

CUSTODIAL _____ HRS@ _____ /HR TECHNICIANS _____ HRS@ _____ HR

HOUSE MGR _____ HRS@ _____ /HR

ADDITIONAL CHARGES _____ FOR _____

TOTAL ESTIMATED CHARGES: _____

Deposit Due: _____

Signed by: _____

APPROVED BY PRINCIPAL