

CARSON THEATRE RENTAL NEEDS

(Check/circle those items which will be required during your event)
(All events will require that a custodian be on duty)

Rooms included in the Theatre Complex (please indicate the room(s) needed)

_____ Men's Dressing Room _____ Women's Dressing Room _____ Theatre Classroom _____ Green Room

Special needs in the Lobby Area (Tables, Displays, etc.) Please explain: _____

Prices

Rooms NOT included in the Theatre Complex

_____ Cafeteria

_____ Classroom(s) # needed _____ x

_____ Forum Area

Category B

\$ _____

\$ _____ # needed _____ x

\$ _____

Category C

\$ _____

\$ _____

\$ _____

Load in: Load out

Indicate the number of personnel required to help load in and load out for your production. Also indicate your choice as to whether the help be Volunteer (arranged by you) or Professional (arranged by NHS at a fee of

\$10-\$20 per hour)

Performance Starting Time: _____

Estimated Performance Ending Time: _____

Load In: # of helpers _____

Volunteer/Professional-Load in Time: _____

Load Out: # of helpers _____

Volunteer/Professional-Load out Time: _____

Stage Hands: _____

Volunteer/Professional: From _____ To _____

Furniture Needed

Chairs _____, # Music Stands _____, Piano _____, Overhead _____, VCR _____

Sound Equipment Needed

_____ Basic Sound System Reinforcement

_____ CD Played through Sound System

_____ Wired Unidirectional microphones (1-3 persons speaking or singing) # needed _____ (16 available)

_____ Wired Omni Directional Microphones-larger groups or area, floor mount capability # needed _____ (3 available)

_____ Wireless Headsets # needed _____ (6 available)

_____ Wireless hand held microphone (1 available)

_____ Straight microphone stand # needed _____

_____ Boom microphone stand # needed _____

_____ Stage monitor speakers (4 EV Wedges available) # needed _____

_____ Direct Boxes # needed _____

_____ Clear-com Communication headsets # needed _____

List Locations: _____

_____ CD Recording made of event

Other equipment may be necessary and is the responsibility of the renter to procure. The EQ setting will not be changed; however, EQ equipment can be patched into the mixer at the channels to give separate EQ and effects capabilities. Please use caution on volume levels; complaints become a reflection on our facility.

Lighting Needed

_____ Basic white light in front of main curtain (space is 22" deep x 58" wide; main curtain is maroon)

_____ Basic orchestral lighting

_____ Basic white light in front of mid-stage curtain (space is 32" deep x 43" wide, mid-stage curtain is black)

The following lighting needs require a pre-hang of instruments. Additional technician time will be required. A lighting pole, if available, is preferred over the following information.

_____ Three color wash in front of main curtain. Indicate colors _____, _____, _____

_____ Three color wash in front of mid-stage curtain. Indicate colors _____, _____, _____

_____ Multiple color on the mid-stage traveler. Indicate colors _____, _____, _____

_____ Even lighting of the entire stage (area is 38" deep from proscenium x 43" wide)

_____ Multiple cues programmed in to the Scene Master 60 light board. (simplifies complex light changes)

_____ Four color wash on Cyclorama. Indicate colors _____, _____, _____

_____ Gobos projected onto Cyclorama # needed _____ (Gobos are the responsibility of the renter)

_____ Strong 575 follow spot(s) circle ___1 or ___2, Manned by: ___ Volunteer or ___ Professional

_____ Special lighting needs: _____

_____ Access to the Company Disconnect (professional electrician required to connect and disconnect)

Other equipment for lighting needs are the responsibility of the renter and are often in tow by the performing ensemble

NPS CARSON THEATRE RENTAL FORM

Name of Performance: _____ Contract Date: _____

Date(s) of Performance: Day 1: _____ Day 2: _____ Day 3: _____

Day 4: _____ Day 5: _____

(Carson Theatre may **NOT** be rented for over five consecutive days)

Time(s) for facility to be used: Day 1: from _____ to _____ Total Hours _____

Day 2: from _____ to _____ Total Hours _____

Day 3: from _____ to _____ Total Hours _____

Day 4: from _____ to _____ Total Hours _____

Day 5: from _____ to _____ Total Hours _____

Name of Representative to receive contract: _____

Address of Representative: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Name of Sponsoring Organization: _____

Does the organization or sponsoring company have liability insurance? _____ Yes _____ No

If yes, list the company and agent: _____

RENTAL FEES

	Category A	Category B	Category C	Total
Theatre Complex	No Charge	\$500.00/day	\$1400.00/day	
Rehearsal	No Charge	\$250.00/day	\$450.00/day	

NON-PROFIT QUALIFICATION

Ticket Prices: _____ Beneficiary of Receipts: _____

Percentage of Gate Given to Beneficiary _____ (must exceed 50% and Proof of Payment supplied)

FACILITY FEES

Technician Fees: (_____ hours x \$38.00= _____) Total: _____

Asst. Student Fees: (_____ hours x \$15.00= _____) Total: _____

Asst. Tech Fees: (_____ hours x \$20.00= _____) Total: _____

Custodial Fees: (_____ hours x \$50.00= _____) Total: _____

Security/Supervision Fees (_____ hours x \$30.00= _____) Total: _____

Rental Fees: Total: _____

Facility Fees: Total: _____

Total: Total: _____

Fees are approximate and may be charged according to usage

NOTICE TO RENTERS

1. School District does not carry liability insurance for the protection of the renting or using agency or individual.
2. The possession or consumption of any alcoholic beverage or controlled substance is forbidden. **(NHS is a Non-Smoking Campus. Smoking is NOT permitted anywhere on the grounds)**
3. The Board of Education reserves the right to refuse rental or scheduling to any group or organization.
4. No event will be considered scheduled until this form has been completed and returned to the building principal.
5. All advertising must contain: "The Norfolk Public Schools has rented space to _____ and neither approves or disapproves of the activity."
6. **Rental fees must be paid in advance.** (Make checks payable to Norfolk Public Schools)
7. **Rental fees will not be refunded.** (Exception: weather conditions cause cancellation)

Applicant shall procure, at its own expense, a Comprehensive General Liability insurance policy naming the District as an additional insured. This policy shall be written with a minimum of \$1,000,000 bodily injury coverage. A Certificate of Insurance evidencing coverage must be submitted prior to the Applicant's use.

Insurance requirement waived:
 Yes No (for school official to complete)

The organization, individual, and/or sponsoring company named above agrees to indemnify and hold harmless the School District of Norfolk, Board of Education, its officers and employees from and against all claims, demands, damages, and action that might arise out of the use of above building and premises by the above named organization or individual. The undersigned hereby covenants to pay or reimburse the School District of Norfolk for any and all expenses incurred by the school as a result of any property damage and/or claim made against said School District arising from the rental and use of the above described facility.

Signature of Representative

Total Fee Paid

Signature of Building Principal

Date Payment Received