



Chisago Lakes Area School ISD #2144
Chisago Lakes High School Performing Arts Center

Reservation/Permit Request

29330 Olinda Trail, Lindstrom MN 55045

**Please note: completed request forms must be submitted to the
 Community Education office at least 10 business days before the first day of your event
 with a \$15 nonrefundable processing fee for all requests, excluding class #1 school sponsored activities**

Event/Activity Name: _____

Organization or Group Name: _____

Contact Person: _____

Purpose of use: _____

Choose One: Public Organization Private Organization State/Federal ID # _____

Mailing Address: _____

Phone Number : Daytime # _____ Cell # _____ FAX# _____

Estimated attendance: # preschool # school age students # adults # senior citizens

Email Address: _____

Please use a separate form for Rehearsal dates/times and Performance dates/times.

Event Date(s): _____ Day of Wk _____ Performance Rehearsal Meeting

Set-up Time: _____ Event Start Time: _____ Event End Time: _____ Tear Down End Time: _____

Facility Request	Technical Request	Equipment Request	
<input type="checkbox"/> PAC	<input type="checkbox"/> Podium *	<input type="checkbox"/> Grand Piano*	<i>For Office Use Only</i> STAFF NEEDED: PAC Supervisor _____ # of Tech's assigned _____ Sound _____ Light _____
<input type="checkbox"/> PAC Lobby	<input type="checkbox"/> # of Wired Mics/Stands	<input type="checkbox"/> Piano Tuned - \$80 or more	
<input type="checkbox"/> Stage Full	<input type="checkbox"/> # of Wireless Mic (4)*	<input type="checkbox"/> # of Chairs on Stage (up to 110)**	
<input type="checkbox"/> Stage in front of curtains	<input type="checkbox"/> # of Wireless Clip-on (4) *	<input type="checkbox"/> # of Choir Risers** (up to 5)	
<input type="checkbox"/> Lobby Restrooms	<input type="checkbox"/> CD Player*	Staging Flats (4'x8' sections):**	
<input type="checkbox"/> Ticket Booth	<input type="checkbox"/> Cassette Player	____ 24-inch (up to 7)	
<input type="checkbox"/> ___ General Adm. Tickets	<input type="checkbox"/> VCR/TV *	____ 16-inch (up to 16)	
<input type="checkbox"/> ___ Reserved Seat Tickets	<input type="checkbox"/> DVD Player *	____ 8-inch (up to 4)	
<input type="checkbox"/> Make Up Rooms	<input type="checkbox"/> Computer *	____ *Half Acoustic Shell**	
<input type="checkbox"/> Dressing Rooms	<input type="checkbox"/> Overhead Projector *	____ *Full Acoustic Shell**	
<input type="checkbox"/> Showers	<input type="checkbox"/> Large Projector Screen		<i>For Office Use Only</i> _____ Date received by CE Ofc _____ Dates Approved by _____ _____ Copy to PAC Supervisor _____ Assigned Light & Sound Tech. _____ Date rcvd Certificate of Insurance # _____ Classification
<input type="checkbox"/> Catwalk	<input type="checkbox"/> Video Projector *		
<input type="checkbox"/> *Concession Stand	<input type="checkbox"/> Concert Lights		
<input type="checkbox"/> *Gym- date/time _____	<input type="checkbox"/> Theatrical Lights		
<input type="checkbox"/> *Café- date/time _____	<input type="checkbox"/> Spot Lights		
<input type="checkbox"/> Other _____	<input type="checkbox"/> House Lights		
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____		

Extra custodial cost for large equipment set-up/tear down
 Costs in addition to facility charges:
 PAC Supervisor - \$25 per hour
 PAC Technician - \$10 per hour
 Custodial Rate - \$35 per hour

**Denotes additional hourly charge for set up/tear down
 * Denotes additional use charge

Note: Prior to your event, you will be contacted by the PAC Supervisor regarding your event needs.

Signature of applicant/authorized agent _____ Date _____