

OHIO COUNTY SCHOOLS J. B. CHAMBERS PERFORMING ARTS CENTER APPLICATION

Organization Representative: _____

Profit ☐

Non-Profit ☐

Date: _____

Contact Information

Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Event Information

Event Title: _____

Description: _____

Event Dates: *(Please list at least two dates in order of preference.)*

	Month	Day	Year	Time	
First Choice:					AM
					PM
Second Choice:					AM
					PM
Third Choice:					AM
					PM

Set Up Dates:

	Month	Day	Year	Time	
First Choice:					AM
					PM
Second Choice:					AM
					PM
Third Choice:					AM
					PM

Rehearsal Dates:

	Month	Day	Year	Time	
First Choice:					AM
					PM
Second Choice:					AM
					PM
Third Choice:					AM
					PM

I understand that submission of this application does not guarantee or assure use of the J. B. Chambers Performing Arts Center (PAC). I have read the Facility Use Agreement (available at boe.ohio.k12.wv.us) and understand that if use of the facility is approved, my organization will be bound by the provisions of that agreement including the terms and conditions contained therein.

Representative Signature

Date

Please return completed applications to:

Mr. Rick Jones, Assistant Superintendent

2203 National Road

Wheeling WV 26003

Or email to: rajones@k12.wv.us cc: ann.senkbeil@k12.wv.us