

# SEARCY HIGH SCHOOL PERFORMING ARTS CENTER USAGE REQUEST FORM

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Name of Organization: \_\_\_\_\_

School Affiliated with: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date and Time of event: \_\_\_\_\_

Date and Time of rehearsal: \_\_\_\_\_

Type of Event: ☐ Concert ☐ Production ☐ Presentation ☐ Rehearsal ☐ Other

Description of the event: \_\_\_\_\_

Technical Information: (Please check all that will be needed)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Audio                           | <input type="checkbox"/> Podium        | <input type="checkbox"/> Backdrop      |
| <input type="checkbox"/> Stage Lighting                  | <input type="checkbox"/> Choral Risers | <input type="checkbox"/> Orchestra Pit |
| <input type="checkbox"/> Video Projection                | <input type="checkbox"/> Grand Piano   | <input type="checkbox"/> Dressing Room |
| <input type="checkbox"/> Additional Tech Requests: _____ |  |  |

I, \_\_\_\_\_, understand that this is an application for the use of the Performing Arts Center, and that final confirmation of this application is reserved to the PAC Manager and the Searcy High School Principal, and will not be considered approved until receiving confirmation of approval for this event.

Your Signature \_\_\_\_\_ Date: \_\_\_\_\_

Your Principal's Signature \_\_\_\_\_ Date: \_\_\_\_\_

PAC Manager \_\_\_\_\_ Date: \_\_\_\_\_

SHS Principal \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

☐ Google Calendar

☐ Office Calendar

☐ Office Binder