

FACILITY USE APPLICATION

Please Print or Type

Applicant and Organization Information

Date of Application: _____

Name of Organization: _____

Primary Contact Person(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone(s) Home: _____ Work: _____ Cell: _____

E-mail Address: _____

Alternate Contact Person(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone(s) Home: _____ Work: _____ Cell: _____

E-mail Address: _____

On-Site Contact for Event: _____

Phone(s) Home: _____ Cell: _____

Event Information

Event Name: _____

Event Date(s): _____ Estimated Attendance: _____

Event Start Time: _____ Event End Time: _____

Access Start Time: _____ Access End Time: _____

Type of Event :

- Meeting Banquet Concert Dance
Conference Retirement Recital Fundraiser
Public Meeting Fundraiser Wedding/Reception Private Event
Other (Specify: _____)

Event Location Requested:

Room/Area	Auditorium Style Seating	Banquet Style Seating
Banquet Room	300 (max)	180 (max)
L. Marian Poe Room	192	50
Executive Board Room	N/A	22
Classrooms	Varies	Varies
Dance Studio	50	N/A

Check all that apply:

- | | | |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Banquet Room | <input type="checkbox"/> Dance Studio | <input type="checkbox"/> Classroom 1 |
| <input type="checkbox"/> L. Marian Poe Room | <input type="checkbox"/> Music Room | <input type="checkbox"/> Classroom 2 |
| <input type="checkbox"/> Executive Board Room | <input type="checkbox"/> Art Room | <input type="checkbox"/> Theater |

Equipment/Amenities Requested: *Check all that apply*

- | | | |
|--|--|---|
| <input type="checkbox"/> Kitchen Usage (<i>Prep Only</i>)* | <input type="checkbox"/> TV with VCR/DVD Player | <input type="checkbox"/> Tent(s) on site** |
| <input type="checkbox"/> Screen | <input type="checkbox"/> Amplified Music/Sound | <input type="checkbox"/> Internet Connection |
| <input type="checkbox"/> Podium | <input type="checkbox"/> Stage | <input type="checkbox"/> Chairs Amt. <input type="text"/> |
| <input type="checkbox"/> Microphone | <input type="checkbox"/> Vehicles/Trailers on site | <input type="checkbox"/> Tables Amt. <input type="text"/> |
| <input type="checkbox"/> Coffee Pot(s)/Urn(s)*** | <input type="checkbox"/> Ice/Water | |

INSURANCE:

All groups of twenty (20) people or more, who are using spaces for events other than meetings, may require additional insurance to cover their event. Users may be required to carry a Commercial General Liability Insurance Policy. This policy must provide coverage for bodily injury limit per occurrence of \$1,000,000 and property damage limit per occurrence of \$50,000. In addition, the City of Newport News shall be named as additional insured and must be listed on the insurance certificate. Certificate of Insurance and additional Insured Endorsement must be submitted and accepted by the Executive Director of the Downing-Gross Cultural Arts Center.

** All food vendors must provide proof of insurance, Food Handler License number and meet the requirements of the Commissioner of Revenue's Office, Health Department and the Fire Marshall.*

*** The City of Newport News Department of Codes Compliances states that any tent/building structure over 900 ft. must have a building permit. Permit must be provided with application.*

**** Coffee urns (1 - 24 cup and 2 - 60 cup) are available for use. Applicant is responsible for providing coffee and related supplies.*

FACILITY USE APPLICATION AGREEMENT

I agree to abide by the following rules and regulation of the Downing-Gross Cultural Arts Center:

1. If applicable, provide proof of insurance, which will name the City of Newport News, Department of Parks, Recreation and Tourism as additionally insured
2. Pay all rental and associated fees at least 30 business days prior to my event.
3. Leave all city owned property in the original condition as received.
4. Not allow permanent property of the City to be removed from the premises.
5. Accept and bear responsibility for any unbudgeted costs incurred by the City as a result of the event.
6. Accept responsibility for any damages occurring as a result of this event.
7. Dispose of all trash and waste properly.
8. Provide proof of insurance/permits for third parties (food, vendors, etc.)
9. Observe and comply with all laws, rules and regulations of the federal, state and local governments governing operations and conduct on City property

This agreement may be terminated by the City of Newport News at any time upon finding a violation of any rule, regulation, ordinance and condition of the permit or upon good cause shown.

Signature: _____ Date: _____

Printed Name: _____

Organization: _____

Phone (W): _____ Phone (C): _____

Phone (H): _____

Address: _____

E-mail: _____

Return To: **Downing-Gross Cultural Arts Center**
 2410 Wickham Avenue
 Newport News, VA 23607
 Fax: (757) 247-8960

FOR OFFICE USE ONLY	
Application Rec'd:	_____
Deposit Paid: _____	Check/M.O. #: _____
Balance Due: _____	Staff Initials & Date: _____
Amount Paid: _____	Check/M.O. #: _____
Balance Due: _____	Staff Initials & Date: _____