

BEAUTY FOR ASHES

CONTEMPORARY SCHOOL OF DANCE
Bringing the true spirit of Dance to Hampton Roads

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 _____ Wedding/Reception _____ Retreat

_____ Conference _____ Rehearsal _____ Recital _____ Birthday Party

_____ Other (Specify: _____)

Event Location Requested:

Room/Area	Chairs Only	Tables & Chairs
Dance Studio A	40	45
Dance Studio B	40	50
Studio Learning Center	10	10

Check all that apply:

_____ Dance Studio A _____ Dance Studio B _____ Studio Learning Center

Available Amenities Requested: *Check all that apply*

 34 Chairs Mixed 3 6' Tables Amt. 1 40" Round
 _____ Chairs Amt. _____ Tables Amt. _____

FACILITY USE APPLICATION AGREEMENT

I agree to abide by the following rules and regulation of Beauty for Ashes Contemporary School of Dance

1. If applicable, provide proof of insurance, which will name Beauty for Ashes Contemporary School of Dance additionally insured.
2. Pay all rental and associated fees at least 30 business days prior to event (deposits are nonrefundable if event is cancelled by
3. Leave all BFACSD owned property in the original condition as received.
4. Not allow property of BFACSD to be removed from the premises.
5. Accept and bear responsibility for any unbudgeted costs incurred by BFACSD 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.

This agreement may be terminated by Beauty for Ashes Contemporary School of Dance 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: _____

Return To: **Beauty for Ashes Contemporary School of Dance**
 225 Chapel Street
 Hampton, VA 23669
 Phone : (757) 848-5356

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: _____
Amount Paid:	_____ Check/M.O. #: _____
Balance Due:	_____ Staff Initials & Date: _____
Amount Paid:	_____ Check/M.O. #: _____
Balance Due:	_____ Staff Initials & Date: _____