

**OHIO COUNTY SCHOOLS
J.B. CHAMBERS PERFORMING ARTS CENTER
APPLICATION FOR USE**



Requesting Organization:

check if non-profit

Contact Name:

Mobile Phone:

Email Address:

Mailing Address:

Business Phone:

Fax:

Event Title:

Description:

Estimated Attendance:

Event	Event Day 1	Event Day 2
Requested Event Date(s)	Month	
	Day of Week	
	Date	
	Year	
	Event Time	
Set Up		
Requested Set Up Dates(s)	Month	
	Day of Week	
	Date	
	Year	
Times	Start _____ Finish _____	Start _____ Finish _____
Rehearsal		
Requested Rehearsal Dates(s)	Month	
	Day of Week	
	Date	
	Year	
Times	Start _____ Finish _____	Start _____ Finish _____

I understand that submission of this application does not guarantee or assure use of the center. I further 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.

Signature of Contact

Date

Please return completed form to:

Mr. Rick Jones
2203 National Road
Wheeling, WV 26003

or email to: rajones@k12.wv.us cc: lynn.uraco@k12.wv.us