



# JAMES H. CLARK AUDITORIUM

## Facility Request Form

Please complete and send to:  
 James H. Clark Auditorium  
 Attn: Auditorium Supervisor  
 2300 Prince Street  
 Conway, AR 72034  
 Fax: (501) 450-4890  
 E-mail: [bakerc@conwayschools.net](mailto:bakerc@conwayschools.net)

Please read the following before filling out this form:

The information you furnish is for the dates you have held for each rental of the James H. Clark Auditorium. For each date, you must provide the time you will occupy the building, and the time you anticipate leaving. All rentals will be timed. If you go over the allotted time, you will receive a bill for the difference. Payment must be received before you will be allowed to use any Conway Public School District Facility in the future. If you are charging admission, a \$300 service charge will be added to the cost.

EVENT INFO			
Event Title:			
Brief Description of Event:			
Expected Attendance:	Start Date:	Start Time:	
Event will be ticketed?	Admission will be charged?		
CONTACT INFO			
Organization:	Contact:		
Legal Business Address:			
Work Phone:	Cell Phone:	Fax:	
E-mail:			
REHEARSAL & PERFORMANCE SCHEDULE			
DATES	ARRIVAL TIME	ACTIVITY (Rehearsal, Tech Rehearsal, Performance)	DEPARTURE TIME
RENTAL FEES			
See CPS Facilities Usage Manual.			
BUILDING USE REQUIREMENTS			
<ol style="list-style-type: none"> <li>1. A supervisor (principal or administrator) must sign if event is sponsored by a CPS organization.</li> <li>2. A \$200 refundable deposit must accompany this form to be considered for a rental. NO EXCEPTIONS</li> <li>3. All rental contracts, balances due, and certificates of insurance must be received by Auditorium Supervisor fifteen (15) business days prior to scheduled event.</li> </ol>			

In-District Reservation Approval: \_\_\_\_\_

Signature of Supervisor Date

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Signature of Renter / Sponsor Date