

Date Received: \_\_\_\_\_

Date Confirmed: \_\_\_\_\_

**Royse City ISD Fine Arts Center/Auditorium  
Request Form**

Organization/Department/Campus: \_\_\_\_\_

Event: \_\_\_\_\_

Date(s): \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Set-up Time (Access): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Requirements**

**Lights**

General area lighting and color washes are available.  
If you require any special lighting needs please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sound**

A corded microphone will be provided.  
If you require any special sound needs please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Stage Curtains**

The main and rear curtains will be down. The legs will also be in place. None of the curtains should be moved without consulting a FAC (Fine Arts Center) staff member.

**Please check the items you will require for your event:**

- Podium \_\_\_\_\_
- Projector \_\_\_\_\_
- Screen \_\_\_\_\_
- Wireless Microphone \_\_\_\_\_
- Chairs (onstage) \_\_\_\_\_ # \_\_\_\_\_
- (lobby) \_\_\_\_\_ # \_\_\_\_\_

- Access to:
- Make-up Room \_\_\_\_\_
  - Dressing Rooms \_\_\_\_\_
  - Concessions \_\_\_\_\_

Please carefully review and acknowledge receipt of the **GUIDELINES/PROCEDURES** agreement before use of the facility.

**Fee Schedule** (to be completed by Director of Theatre, RCISD)

Position	Pay rate	Personnel
___ Stage Manager	\$35 flat rate (1 <sup>st</sup> 3 hrs) Then \$10 per hr ___ Waive fee	
___ Lights	\$35 flat rate (1 <sup>st</sup> 3 hrs) Then \$10 per hr ___ Waive fee	
___ Sound	\$35 flat rate (1 <sup>st</sup> 3 hrs) Then \$10 per hr ___ Waive fee	
___ Additional		
___ Faculty Theatre Manager	\$25.00 per hour (4 hour minimum) \$100.00 per day (RCISD Events)	Scott Tipton ___ Waive fee

Personnel	Hours Worked	Check Amount	Reference Number

For further information: Scott Tipton  
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Royse City ISD  
[tiptons@rcisd.org](mailto:tiptons@rcisd.org)  
972.636.9991 ext. 2531