

Barry Robinson Theater – Application for Facility Rental

Please fill out the application and return:

by mail to: **Trey Clarkson, BRTFAC Director, 4552 Princess Anne Rd., Virginia Beach, VA 23462**

or by FAX to: **757.467.0284** (have questions? - email clarksoe@chsvb.org or call 757.467.2887)

Organization requesting facility: _____

Purpose of use: _____

Requirements/arrangements: _____

Day(s) and Date(s) to be used: Circle the day of the week: Mon Tue Wed Thur Fri Sat Sun

Month _____ Date(s) _____ Year _____

Time(s) to be used: Starting at: _____ a.m. / p.m. Ending at: _____ a.m. / p.m.

Number in group and / or audience _____ **Amount of admission to be charged (if any):** _____

The undersigned applicant agrees to abide by the rules and regulations adopted by the BRTFAC governing the use of school facilities, a copy of which will be made available upon request.

INDEMNIFICATION: The applicant shall, during all times while it uses the school property, indemnify Barry Robinson Theater and Fine Arts Center (BRTFAC) or Bishop Sullivan Catholic High School (BSCHS) against all liability, loss, cost, damage or expense sustained by BRTFAC, including attorney's fees and other expense of litigation; a) on account of or through the use of the property by the applicant or other person for any purpose inconsistent with this application; b) due to any failure of the applicant to satisfy his/her obligations under this application, in any respect promptly and faithfully; c) arising out of any accident causing injury to any person or property resulting from the use of the property unless such injury was caused by the affirmative negligence of BRTFAC/BSCHS or its employees; d) for which BRTFAC/BSCHS may without the fault of BRTFAC/BSCHS become liable, and especially, but not exclusively, any such liability, loss, cost, damage, or expense that may arise under any statute, ordinance or regulation. The applicant acknowledges that BRTFAC/BSCHS carries insurance, which insures it against public liability and for property damage, arising out of the negligent acts of only BRTFAC/BSCHS employees, or any defect in the structure itself. *These policies do not, however, provide any insurance either for public liability or property damage the applicant then the company insuring such facilities or personal property may have the right to recover from the applicant the amount paid by the insurer due to the loss.*

Organization: _____

Address: _____ **Phone #** _____

Status: Corporation; Not-For-Profit; Individual; Government; 501(c)(3) Number _____

Applicant: _____ **Email:** _____

Address: _____ **Phone #** _____

Applicant Signature: _____ **Date:** _____

Amount owed to the BSCHS: \$ _____. **Total is due two weeks in advance of use.** Once approved, make payment to Bishop Sullivan Catholic High School, 4552 Princess Anne Road, Virginia Beach, VA 23462

Office Use Only

Your Application has been: approved denied

Total charges: \$ _____ **Amount paid:** \$ _____ **Date paid:** _____

Signed by: _____

BRTFAC Director OR Assistant Principal