

# 2022-2023

*Application*



## CURTAINS UP!

**Arts of Southern Kentucky enriches lives through artistic experiences.**

**ASK aspires to be the leader in creating transformative artistic experiences for all citizens in the region. Using the Southern Kentucky Performing Arts Center as the vehicle, we welcome all people to create, experience, learn about, and engage in the arts.**

**ASK Core Values:**

- **Exceptional artistic experiences**
- **Arts Education**
- **Arts access for all**
- **Delivering art in a fiscally responsible manner**



**List top three performance date options:** \_\_\_\_\_

**Start Time of Performance:** \_\_\_\_\_ am/pm **End Time:** \_\_\_\_\_ am/pm

**Set-up Time:** \_\_\_\_\_ am/pm **Tear Down Time:** \_\_\_\_\_ am/pm (Must finish by midnight)

**Rehearsal Time (if desired): Date** \_\_\_\_\_ **Time** \_\_\_\_\_ **am/pm**

List your tech needs for this performance (ex. sound technician, lighting technician, and design needs):

Will your performance require a set? If yes, please describe (below):

**Approximate number of guests:** \_\_\_\_\_

**Admission Charge:** Yes or No If Yes, indicate ticket price(s): \_\_\_\_\_

*\*Note that the SKyPAC Ticket Office will manage all event ticket sales, and will charge the patron a ticket fee in addition to the school-imposed ticket charge, if any.*

## CONTACT INFORMATION:

Teacher: \_\_\_\_\_ Phone: \_\_\_\_\_

Principal: \_\_\_\_\_ Phone: \_\_\_\_\_

It is understood and acknowledged that ASK is a non-profit organization whose sole business purpose is the performing and visual arts. The undersigned hereby agrees to waive, release, discharge and forever hold harmless ASK, its employees, directors and shareholders, from and against any and all claims, demands, liabilities to third parties including but not limited to, liability arising from any losses, liabilities, claims, demands, damages, suits or expenses incurred or which may be incurred as a result of the undersigned's use of the SKyPAC facilities.

A copy of an appropriate insurance certificate naming ASK as additional insured will be required.

\_\_\_\_\_  
**Name and title of school authorized signatory (please print)**

\_\_\_\_\_  
**Signature**

Mail completed application to:  
Arts of Southern Kentucky  
Attn: Education Department  
P.O. Box 748  
Bowling Green, KY 42102  
By Email: [echarny@artsofsky.org](mailto:echarny@artsofsky.org)