

**Booking Parties
Information**

Name _____

Class Type _____

Phone Number _____ Email _____

If you will not be teaching who will and what is their contact info: _____

Do you plan on using the FCC Mindbody for your students to enroll in your class? _____

Class Time

Preferred Day _____ Alternate Day _____

Preferred Time _____ Alternate Time _____

Type of Class

☐ Flow Art

☐ Aerial

☐ Dance

☐ Fitness **Your paragraph text**

☐ Ground Act

☐ Other: _____

Area Preferred

☐ Aerial Points 1-4

☐ Aerial Points 5-8

☐ Black Mat Space

☐ Tile Space

☐ Back Room

☐ Other: _____

Booking for Clients

If you are doing Drop- In Classes: Price Per Class _____

If you are doing Session: Price for the session: _____ Start Date/ End Date _____

If you are not using the FCC Mindbody what will you be using for booking _____

FCC Equipment Needed

Additional Information

Please provide any additional information or special requests below.

Emergency Contact Information

Name _____ Relationship _____
Phone Number _____ Email _____

Terms

I understand that it will be my responsibility to run my classes in a safe and ethical manner.

I will be responsible for all bookings, cancellations, and general admin for my classes.

I understand not ensuring someone has a waiver on file before allowing them on any FCC aerial equipment will result in an immediate cancellation of this contract and any future contracts.

While normal wear and tear is expected on equipment, I understand I will be held responsible for replacing any equipment damaged due to negligence. Examples include but not limited to: watches on silks causing tears, juggling equipment being allowed to be thrown at walls, ect

I understand there will be a \$10 clean up fee for each day the space is not left in the way it was found. This includes but not limited to mats against walls, silks braided and put away, trapeze/lyras hung up in the back, water cups used thrown away, ect. A photo of any issues will be e-mailed to the contact listed above within 24 hours of the end of class time if a fee is being added. If you arrive and the space is not to your standards, please e-mail contact@frankfortcircuscenter.com a photo of the issues before your class begins to avoid the fee being placed on your account.

I understand I am responsible for inspecting any equipment for safety before the start of a class. If I notice any safety concerns, I will document the issue and email contact@frankfortcircuscenter.com as soon as possible. I will pull any equipment out of storage and out of rotation for use if a safety issue is or is about to be documented.

I understand that the building is a shared space. I will conduct myself and my class in a manner that is respectful of all others sharing that space.

As a contractor I understand that I am representing the Frankfort Circus Center and will act in the Frankfort Circus Centers best interest both on site and off site.

I understand that if this contract is terminated due to my conduct, I will be responsible for the full fees outlined for the coming month and I will lose the ability to book for future terms.

Any use of aerial equipment requires the use of a mat. Any expectations must be approved by Jill.

Signature _____



Please submit with a
resume and a sample
class plan

815-464-5635
contact@frankfortcircuscenter.com
www.frankfortcircuscenter.com

Marketing Information

What should we highlight about you or your classes when posting on our website and social media

How did you hear about us

Office Use Only

Approved By _____ Approval Date _____

Followed Up On _____

Confirmation ☐ Yes ☐ No

Notes
