



Application for Facility Use

This application is intended to provide the primary information to the College to identify event needs for potential rentals of the Neel Performing Arts Center, Howard Studio Theatre, or Studio for the Performing Arts Recital Hall. This application must be submitted to the Manager, Performing Arts Center. A final commitment to use the designated venue and securing your event date on the calendar is not made until a Rental Agreement is issued by the College's Business Services department and signed by the Renter and returned with the required deposit. All usage of the designated venue is governed by the Rental Agreement.

ORGANIZATION INFORMATION

Organization Name		Type of Organization	Office Use Only
Street Address		<input type="radio"/> School	<input type="radio"/> Application Completed <input type="radio"/> Reference Check
City, State, Zip		<input type="radio"/> 501(c)3 (Non Profit)	
Phone:		<input type="radio"/> For Profit	
E-mail		<input type="radio"/> Other _____	
Organization Website			

EVENT CONTACT(S)

Primary Contact		Secondary Contact	
Name/Title:		Name/Title:	
Phone 1		Phone 1	
Phone 2		Phone 2	
Email		Email	

REQUESTED DATES OF USE

1 st Choice		To		Are your dates flexible? <input type="radio"/> No <input type="radio"/> Yes (Please fill out 2 nd and 3 rd Choices)
2 nd Choice		To		3 rd Choice

EVENT DETAILS

Presentation Type: <input type="radio"/> Live Event (Live Audience) <input type="radio"/> Streamed Event (Virtual Audience) <input type="radio"/> Hybrid (Live Audience and Streamed)			
Primary Event Type: <input type="checkbox"/> Theatrical Production <input type="checkbox"/> Musical <input type="checkbox"/> Straight Play <input type="checkbox"/> Solo Performance <input type="checkbox"/> Workshop Production	Event Type Subcategory: <input type="checkbox"/> Dance Production <input type="checkbox"/> Full Dance Production <input type="checkbox"/> Dance recital <input type="checkbox"/> Dance Competition	Event Times: <input type="checkbox"/> Act I Length _____ <input type="checkbox"/> Intermission Length _____ <input type="checkbox"/> Act II Length _____	
<input type="checkbox"/> Music Production <input type="checkbox"/> Choral <input type="checkbox"/> Orchestra <input type="checkbox"/> Band	<input type="checkbox"/> Public Speaking <input type="checkbox"/> Solo Speaker <input type="checkbox"/> Multiple Speakers <input type="checkbox"/> Video Presentation	Event Details/Notes: <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	
<input type="checkbox"/> Awards Ceremony Number of Awards: _____ Number of Presenters: _____	<input type="checkbox"/> Graduation Number of Graduates: _____ Number of Presenters: _____		
<input type="checkbox"/> Other Please Specify: _____			

Daily Schedule

Day 1

Date: _____

Event Staff Arrival Time _____

Event Staff Departure Time _____

Upon your arrival, the venue's repertory plot, PA system, house projectors and screen, and all stage drapery will be installed and ready for immediate use. The stage space will be empty besides the above noted items. Any additions or alterations to this configuration should be noted in the form below. Please include scheduled times next to each category checked and be as specific as possible. Detailed information is the key to helping the venue staff keep your cost estimates accurate and as low as possible. Missing information may result in un-estimated charges being applied to your final bill.

Scheduled Tasks for the Day:

Installation

- Load In
 - Scenery Scheduled Time _____
 - Flown
 - Freestanding
 - Risers
 - Lights Scheduled Time _____
 - Custom Plot
 - Focus
 - Program Cues
 - Sound Scheduled Time _____
 - Other PA
 - Consoles
 - Monitors
 - Microphones
 - Projection/Media Scheduled Time _____
 - Projectors
 - Media Source
 - Video Cameras Scheduled Time _____
 - 4K PTZ Cameras
 - 4K Fixed Cameras
 - Props Scheduled Time _____
 - Orchestra Scheduled Time _____
 - Instruments
 - Chairs
 - Orchestra Shell
 - Stands/Lights
 - Lobby Scheduled Time _____
 - Display Tables
 - Merchandise
 - Concessions
 - Decorations

Rehearsal/Performance/Strike

- Rehearsal Scheduled Time _____
 - Staging/No Tech
 - Full Tech
 - Dress Rehearsal
- Event/Show Scheduled Time _____
- Strike Scheduled Time _____
 - Scenery
 - Lights
 - Sound
 - Projection
 - Props
 - Orchestra
 - Lobby

Days Notes:

Technical Needs

Stage Drapes:

Please check all that you plan on using.

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Grand Drape (100% Fullness) | <input type="checkbox"/> Cyclorama* |
| <input type="checkbox"/> Black Traveler (100% Fullness) | <input type="checkbox"/> Black Scrim* |
| <input type="checkbox"/> Blackout Drop | <input type="checkbox"/> MISC. |

*Additional Charges May Apply

Stage Equipment:

Consult technical packet for available inventories.

- | | |
|--|---|
| <input type="checkbox"/> Podiums Qty _____ | <input type="checkbox"/> Music Stands Qty _____ |
| <input type="checkbox"/> Risers Qty _____ | <input type="checkbox"/> Stand Lights Qty _____ |
| <input type="checkbox"/> Chairs Qty _____ | <input type="checkbox"/> Table Qty _____ |
| <input type="checkbox"/> Steinway Piano* | <input type="checkbox"/> Grand Piano* |

*Additional Charges May Apply

Audio Equipment

Microphones

- | | |
|---|-----------|
| <input type="checkbox"/> Wireless Lapel Mics | Qty _____ |
| <input type="checkbox"/> Wireless Handheld Mics | Qty _____ |
| <input type="checkbox"/> Wired Vocal Mics | Qty _____ |
| <input type="checkbox"/> Area Mics | Qty _____ |
| <input type="checkbox"/> Instrument Mics | |
| <input type="checkbox"/> Piano | Qty _____ |
| <input type="checkbox"/> Drums | Qty _____ |
| <input type="checkbox"/> Guitar | Qty _____ |
| <input type="checkbox"/> Bass | Qty _____ |
| <input type="checkbox"/> Strings | Qty _____ |
| <input type="checkbox"/> Brass | Qty _____ |
| <input type="checkbox"/> Percussion | Qty _____ |
| <input type="checkbox"/> Other | Qty _____ |

**Please attach proposed input List if you are using more than 10 microphones

Monitors/Playback/Intercom

- | | |
|---|-----------|
| <input type="checkbox"/> Monitors | |
| <input type="checkbox"/> 12" Monitor Wedge | Qty _____ |
| <input type="checkbox"/> Hot-Spot Monitor | Qty _____ |
| <input type="checkbox"/> Playback | |
| <input type="checkbox"/> CD | |
| <input type="checkbox"/> Computer | |
| <input type="checkbox"/> MP3 | |
| <input type="checkbox"/> Clear-Com Intercoms | Qty _____ |
| <input type="checkbox"/> We are supplying a FOH Engineer for this event | |

Lighting Equipment

- | |
|---|
| <input type="checkbox"/> We will be using the House Repertory Plot |
| <input type="checkbox"/> We will be using the House Repertory Plot but adding... |
| <input type="checkbox"/> Instruments FOH Qty _____ |
| <input type="checkbox"/> Instruments Onstage Qty _____ |
| <input type="checkbox"/> Booms Qty _____ |
| <input type="checkbox"/> We will be hanging and focusing our own plot |
| <input type="checkbox"/> Spotlights are needed for this event* Qty _____ |
| <input type="checkbox"/> Venue Operators |
| <input type="checkbox"/> We will supply the operators |
| <input type="checkbox"/> We are supplying a light board programmer for this event |

*Additional Charges May Apply

**Please attach proposed light plot and paperwork if you are using your own plot.

Projection

- | |
|---|
| <input type="checkbox"/> We are planning on using the House Projectors and... |
| <input type="checkbox"/> Projecting onto house screen |
| <input type="checkbox"/> Projecting onto cyc |
| <input type="checkbox"/> Projecting onto _____ |
| <input type="checkbox"/> Media Source for projection will be... |
| <input type="checkbox"/> House Computer |
| <input type="checkbox"/> Renter supplied computer |
| <input type="checkbox"/> We will be bringing our own projectors and screens |

**Please note that additional charges may apply when using house projection system.

Venue Staff / Event Staff Needs

The venue Manager will base all labor needs off the descriptions of events in this application. Two crew positions are the minimum for this venue and include a sound board technician and light board technician. Please select additional crew you would like the venue to supply through an IATSE Union call; a 4 hour minimum show call. The IATSE Union call additional crew members will be charged to the renter and will be indicated on the rental agreement.

- | | | | | |
|-------------------------------------|-----------|---|-----------|--|
| <input type="checkbox"/> Stagehands | Qty _____ | <input type="checkbox"/> Electricians | Qty _____ | <input type="checkbox"/> Stage Manager |
| <input type="checkbox"/> Flymen | Qty _____ | <input type="checkbox"/> Spot Operators | Qty _____ | <input type="checkbox"/> Projectionist |
| <input type="checkbox"/> Wardrobe | Qty _____ | <input type="checkbox"/> Audio | Qty _____ | <input type="checkbox"/> Lighting Designer |

Number of crew members being supplied by renter: _____

Front of House/Lobby

- We will be supplying printed programs for the patrons: Yes No
- We will be supplying digital programs for the patrons: Yes No

Merchandise

- Gifts/Collectables
 - Clothing
 - CD's
 - Flowers
 - Toys
 - Other: Please Specify: _____

Notes or Details on merchandise being sold along with setup needs:

Additional Facilities and Services

Please describe any additional facilities or services your event will require:

SCF Box Office

Rentals are **strongly** encouraged to contract with the SCF Box Office to sell tickets. If you prefer to sell your own tickets, please let us know all the contact information for your ticketing method to allow us to forward ticket purchasers directly to you.

We would like SCF Box Office to sell our tickets.

We will be selling our own tickets.

The Manager will contact you directly to go over details and provide the necessary forms to complete for ticketing setup.

Telephone # to Purchase Tickets: _____

Ticket and Information Website: _____

Ticket Price Range: _____

References

Bank Reference

Credit Reference

Bank Name		Organization Name	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Phone:		Phone:	
Contact Name/Title		Contact Name/Title	

Previous Venue Rental #1

Previous Venue Rental #2

Venue Name		Venue Name	
Contact Name/Title		Contact Name/Title	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Phone:		Phone:	
Date of Rental		Date of Rental	

Signature

Date