

VAPA PERFORMING ARTS COMPLEX - PUBLIC EVENT REQUEST PROPOSAL

Today's Date: _____

Submitted by: _____

Check One: **NEW Request for:** **CHANGED request for:**

Crocker Theater

Black Box Theater

Samper Recital Hall

other

Event Specifics: *please complete ALL fields: enter "?" or N/A if unsure*

Date(s): _____

Time(s): _____

Event Title: _____

Event Description: *Please give a brief description of your event for PR purposes, to be used in all official marketing promotions unless updated by event requestor.*

Rehearsals in venue:

Rehearsal needs:

Date(s):

Time(s):

Ancillary spaces needed: **Yes *** **No**

*** Please note:** All requests for ancillary spaces including classrooms and backstage rehearsal space(s) must be arranged with the VAPA Division Coordinator, Sherida Lincoln, at shlincol@cabrillo.edu or (831) 479-6288.

Please continue to page 2

Ticket Prices:

*All Events must use VAPA Box Office Service, including admission free events.***

*(** For projected low attendance events, this policy may be waived)*

Admission Charges:

General: _____ **Senior:** _____ **Student:** _____

Event Category:

Please check the category which best describes your event

- Category 2** - **Non-Profit or College Sponsored; without an admission charge**
- Category 3** - **Non-Profit or College Sponsored; with an admission charge**
- Category 4** - **Commercial Use**

User Info:

Please fill out all requested user info below, specific to your event Category, only.

College Sponsored - Categories 2 & 3:

Must be completed by the College Sponsor, along with base daily use fee waiver form

Event is to be College sponsored with a non-College group assuming financial responsibility.

Sponsoring Dept: _____ **Faculty/Staff contact:** _____ **Ext:** _____

Please sign and print name (College Sponsor)

Date

External Users - Categories 2, 3, & 4:

Presenter(s): _____

Presenter's Street Address:

Person who is authorized to make binding commitments for this presenter and will assume responsibility for finances and compliance with College procedures:

Please print name, phone number, and email address

Person responsible for informing college of technical details:

Please print name, phone number, and email address

Administrative Approval

Return completed form to the Performing Arts Complex Coordinator for administrative approval

VAPA Program Chair:

_____ *(for internal & external events, by genre)*

PAC Coordinator:

Dean of VAPA:

For gathering information about proposed events to be presented for administrative approval. This is NOT A CONTRACT.