

# 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: \_\_\_\_\_

Student Performance

Faculty/Professional Performance

**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.\*\**

### Admission Charges:

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

**General:** \_\_\_\_\_

**Senior:** \_\_\_\_\_

**SAC Card Price\*:** \_\_\_\_\_  
*(\*Must be at least \$3 discount from General price)*

**Student (Non-SAC)\*\*:** \_\_\_\_\_  
*(\*\*must be higher than SAC Card price)*

## User Info:

*Please fill out all requested user info below, or your request form will not be processed.*

### Cabrillo College Department Use - Category 1:

*Please check the appropriate department*

Music

Theater

Dance

Cabrillo Stage

*non-VAPA College Dept*

**Submitted by:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**College Budget Number:** \_\_\_\_\_

*(for all direct costs incurred from event)*

**I am authorized to make binding commitments for this presentation and assume responsibility for finances and compliance with College procedures.**

\_\_\_\_\_  
*Please sign and print name*

\_\_\_\_\_  
*Date*

**Person responsible for informing college of technical details:**

\_\_\_\_\_  
*Please print name, phone number, and email address*

## Administrative Approval

**VAPA Program Chair:** \_\_\_\_\_

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

**PAC Coordinator:** \_\_\_\_\_

**Dean of VAPA:** \_\_\_\_\_

**President's Office** \_\_\_\_\_

*(for all non-VAPA college users, only)*

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

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