

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*

Event Title: \_\_\_\_\_

Performance Date(s): \_\_\_\_\_

Time(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 Administrative Assistant, Judy Sears, at [jusears@cabrillo.edu](mailto:jusears@cabrillo.edu) or (831) 479-6288.

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.*

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

**Child:** \_\_\_\_\_

**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, or your request form will not be processed.*

### 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 Performing Arts Complex Coordinator of technical details:**

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

## Administrative Approval

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

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