



# Solano College Campus Theatre Facility Use Application

Please submit to the Managing Director

Date Received: \_\_\_\_\_

## Organization Info:

Name of Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Organization's Non-Profit ID # (if applicable): \_\_\_\_\_

## Event Info:

Name of Event: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_ Admission Fees: \_\_\_\_\_

Facilities Requested (Check all that apply—use of non-reserved spaces can not be guaranteed):

- |   |  |
|---|--|
| <input type="checkbox"/> Campus Theatre   | <input type="checkbox"/> Dressing Rooms                    |
| <input type="checkbox"/> Front of Curtain | <input type="checkbox"/> Men's                             |
| <input type="checkbox"/> Entire Stage     | <input type="checkbox"/> Women's                           |
| <input type="checkbox"/> Green Room       | <input type="checkbox"/> Additional Dressing/Waiting Rooms |

Day/Dates Requested:

Hours (please include set-up and tear-down time):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Actual Start Time of Event: \_\_\_\_\_

Number and Length of Intermissions: \_\_\_\_\_

Anticipated Length of Program: \_\_\_\_\_

<b>Type of Organization:</b>	
ASSC Club	<input type="checkbox"/>
SCC Dept./Div.	<input type="checkbox"/>
Community	<input type="checkbox"/>
Non-profit	<input type="checkbox"/>
Public Agency	<input type="checkbox"/>
Educational	<input type="checkbox"/>
Other	<input type="checkbox"/>

<b>Type of Event:</b>	
Theatrical Performance	<input type="checkbox"/>
Musical Performance	<input type="checkbox"/>
Dance Performance	<input type="checkbox"/>
Educational Event	<input type="checkbox"/>
Religious Service/Event	<input type="checkbox"/>
Political Rally/Event	<input type="checkbox"/>
Commercial Event	<input type="checkbox"/>

**Important Information About Using The Solano Community College Theatre:**

1. **Estimated Costs:** The Managing Director and/or Production Manager shall create an estimate of charges based upon this application and the fee schedule. This is an estimate only and may be effected by a variety of factors. In the event that actual costs exceed the estimate, User shall be charged for all additional costs.
2. **Direct Costs:** All facility users will be charged for all direct costs associated with an event. Direct costs include labor, equipment use and consumables. These apply to on-campus and sponsored groups as well as off-campus groups.
3. **Event Staff:** the minimum required staff for all events is one technician and one house manager. Any event using the stage rigging in any way will require at least one additional technician. For events requiring an admission fee of any kind, a box office technician is also required. Additional event staff may be required at the sole discretion of the Managing Director or his designate.
4. **Capacity:** The Campus Theatre can accommodate a maximum of 374 persons (370 seats plus 4 wheelchair spaces). Additional, temporary seating and/or "standing room" are strictly prohibited in all instances. All aisles shall be kept clear at all times during performances.
5. **Insurance:** All non-SCC users must provide a certificate of insurance in the amount specified in the contract and which names Solano Community College, its officers and agents as additionally insured.
6. **Tickets:** The SCC Theatre Box Office tickets all events in the Campus Theatre for which there is an admission charge (including "suggested donations"). The processing fee of \$100 per performance and surcharge of \$1.00 per ticket cannot be waived for any theatre user, including SCC organizations/departments.
7. **Concessions:** The Solano College Theatre Association handles all concessions in the Campus Theatre and retains all revenues generated from this activity. Concessions are only offered if requested, and only if audience size warrants it.

Please see the Theatre Use Guidelines and Procedures for additional information.

**IMPORTANT:** This form is only an application, NOT a confirmed reservation. Availability of your use dates will be confirmed upon receipt of a contract from the Theatre Department. The reservation shall not be confirmed until a signed contract and all required deposits, insurance certificates and technical information has been received by the Theatre Department.

## Theatre Use Worksheet:

The information requested below enables the Solano College Theatre staff to plan for all of the technical needs of your event. Theatre staff cannot guarantee availability of necessary staff and/or equipment not requested below.

### I. Stage Lighting:

- A. Please indicate what areas need lighting (see diagram).
- B. Will you need to use the stage lights? YES  NO
- i. Will you have your own lighting designer? YES  NO
- ii. Will you need to hang/focus/cue lighting? YES  NO
- iii. Do you plan to use any f/x (fog, etc.)? YES  NO

### II. Stage Sound:

- A. Will you be using the theatre's sound system? YES  NO
- i. Do you need microphones? YES  NO   
(Please indicate placement on diagram) How many? \_\_\_\_\_
- ii. Do you need playback (CD, Cassette)? YES  NO
- iii. Do you need on-stage monitors  
(Please indicate placement on diagram) YES  NO
- B. Will you have your own sound designer? YES  NO

### III. Furniture:

- A. Do you need a speaker's podium? YES  NO
- B. Do you need chairs on stage/in lobby? YES  NO  How many? \_\_\_\_\_
- C. Do you need tables on stage/in lobby? YES  NO  How many? \_\_\_\_\_  
(Please indicate placement on diagram)

### IV. Scenery:

- A. Will your production require any scenery? YES  NO
- B. Will there be any flying scenery (drops, etc.)? YES  NO
- i. please note position of flown scenery on theatre Line Set Schedule.
- ii. all scenery plans must be submitted with this application.
- iii. please indicate position of all scenic units on diagram.
- C. Will you have your own scenic designer? YES  NO

**V. Effects:** Please check any effects you intend to use below. SCT does not normally provide effects equipment with facility rental.

- |                      |                            |                     |                             |
|----------------------|----------------------------|---------------------|-----------------------------|
| Chemical Fog (smoke) | <input type="checkbox"/>   | Dry Ice Fog         | <input type="checkbox"/>    |
| Haze                 | <input type="checkbox"/>   | Confetti Cannons    | <input type="checkbox"/>    |
| Stobelights          | <input type="checkbox"/>   | Gunfire             | <input type="checkbox"/>    |
| Cigarettes/Smoking   | <input type="checkbox"/> * | Flames/Fire/Candles | <input type="checkbox"/> ** |

\* Smoking is not permitted anywhere in the building. Use of simulated cigarette is a good alternative.

\*\* A fire permit is required for any open flame.

### VI. Other Technical Needs:

Please indicate other technical requirements your event anticipates on a separate sheet of paper.

**VII. Production Staff:**

Please fill out as completely as possible. If your event is not utilizing a position, please mark it N/A.

Director/Conductor: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Stage Manger: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Technical Director: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Lighting Designer: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Scenic Designer: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sound Designer: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**VIII. Authorized Signature**

I, the undersigned, attest and acknowledge that I am an authorized agent of the organization listed above and that I have read and understood the policies and guidelines regarding the use of the Solano Community College Campus Theatre.

\_\_\_\_\_

Authorized Representative

\_\_\_\_\_

Date

## Ticket Information Worksheet

To ensure that your tickets have the correct information printed on them, please provide us with the following information (as you wish it to appear on your tickets):

Name of production: \_\_\_\_\_

Dates and times of performances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Seating Type:**     Reserved  
                           General Admission

### Ticket Prices:

Evening:

Matinee:

Adult: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Student: \_\_\_\_\_

\_\_\_\_\_

Military: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Please Describe: \_\_\_\_\_

### Discount Offers:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

Do you want the price printed on your ticket?

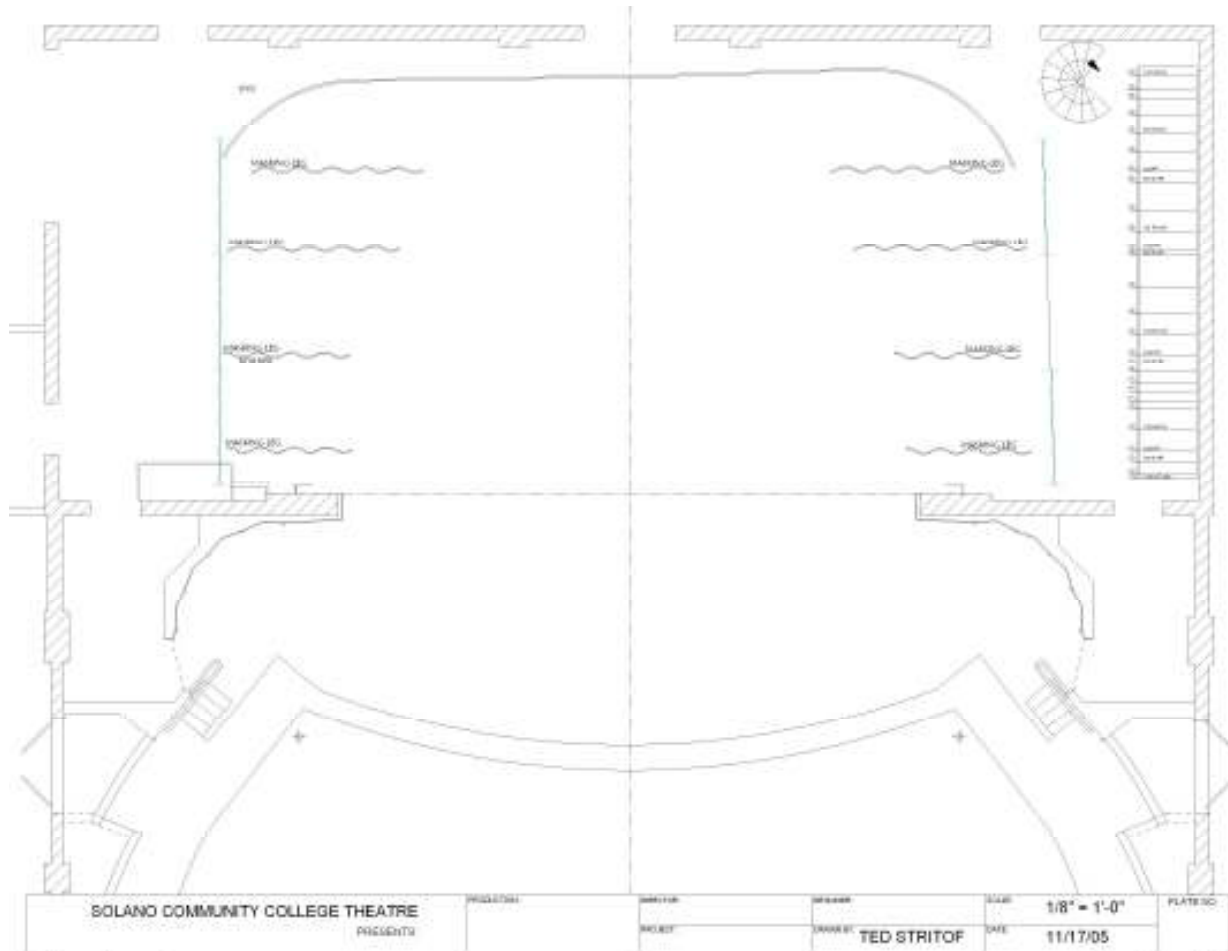
Yes

No



# Campus Theatre Furniture/Scenery Diagram

Please indicate location of furniture/scenery/masking. Please label the diagram as clearly as possible, using the space below.



---

---

---

---

---



