



**REQUEST FOR USE
ALEX & FAYE SPANOS THEATRE
SAN LUIS OBISPO, CALIFORNIA**

DAY(s) of WEEK		DATE(s) of EVENT					
EVENT/PERFORMANCE INFORMATION							
Name of Performance/Event							
Additional Description of Event							
Type of Event/Performance							
Performance: <input type="checkbox"/> Dance <input type="checkbox"/> Concert <input type="checkbox"/> Drama <input type="checkbox"/> Other: Special Event: <input type="checkbox"/> Meeting <input type="checkbox"/> Reception <input type="checkbox"/> Banquet <input type="checkbox"/> Other:							
Space to be Reserved							
<input type="checkbox"/> Theatre, Stage <input type="checkbox"/> Lobby & Green Room <input type="checkbox"/> Dressing Rooms, Restrooms <input type="checkbox"/> Theatre Patio							
RESERVATION DATE(S) and TIME(S)							
If more than four days, submit a detailed schedule or complete form provided on page 5.							
----Reservation Date(s)----		-----Pre Event-----		-----Event-----		--Post Event---	
Reser- vation	Day of Week	Date (m/d/yr)	Set Up/ Arrival	Set Up End	Event Begin	Event End	Clean Up/ Load Out
1							
	This is a <input type="checkbox"/> Rehearsal <input type="checkbox"/> Performance <input type="checkbox"/> Special Event						
2							
	This is a <input type="checkbox"/> Rehearsal <input type="checkbox"/> Performance <input type="checkbox"/> Special Event						
3							
	This is a <input type="checkbox"/> Rehearsal <input type="checkbox"/> Performance <input type="checkbox"/> Special Event						
4							
	This is a <input type="checkbox"/> Rehearsal <input type="checkbox"/> Performance <input type="checkbox"/> Special Event						

OFFICE USE ONLY: Approval : _____
 Distribution: ez js cw nc pw db
 House Manager: yes no

Date: _____
 R25# _____
revision 5/07

SPONSOR INFORMATION

If event is co-sponsored, complete sponsor and co-sponsor information

Sponsoring Organization Name		Co-Sponsoring Organization Name	
Sponsoring Address		Co-Sponsoring Address	
Contact Name		Co-Sponsor Contact:	
Contact Phone		Co-Sponsor Phone	
Contact Fax #		Co-Sponsor Fax #	
Contact Email Address		Co-Sponsor Email Address	

	Campus Acct # or State/Foundation/ ASI #	Sponsor:	
		Co-Sponsor	
	Tax Id #	Sponsor:	
		Co-Sponsor	
	Non-Profit ID # <small>In order to receive not-for-profit rates, a copy of your determination must be provided with this request for use form</small>	Sponsor	
		Co-Sponsor	

Additional Billing Contact Information:

If name of Individual designated to receive billing is different from above

Name		Phone	
Address		Email	

FRONT OF HOUSE INFORMATION		
Intermission		
<input type="checkbox"/> Yes, there will be an intermission <input type="checkbox"/> No, there will not be an intermission		
Length of intermission: <i>(standard 15 minutes)</i>		
Product Merchandising		
<i>A percentage of all revenue for merchandise sold must be assigned to the Theatre</i>		
<input type="checkbox"/> No, merchandise will not be sold		
<input type="checkbox"/> Yes, merchandise will be sold	Merchandise Contact Name:	
	Phone	

TECHNICAL AND EQUIPMENT REQUIREMENTS		
<i>All equipment needs for the Cal Poly Theatre must be advanced through the Technical Director, David Beals (756-7113)</i>		
<input type="checkbox"/> Tables	<input type="checkbox"/> Chairs	<input type="checkbox"/> Platforms
<input type="checkbox"/> Sound Board in Audience	<input type="checkbox"/> Percussion	<input type="checkbox"/> Upright Piano
<input type="checkbox"/> Music Dept Grand Piano	<input type="checkbox"/> Carpurso Grand Piano	
Please explain any additional technical or equipment needs		

TICKETING SERVICES INFORMATION		
If admission will be charged for the event, complete the following.		
Ticketing policies are available for review and a ticketing questionnaire must be returned to the Ticketing Services Manager at least three weeks prior to the on-sale date		
Seating will be	<input type="checkbox"/> General Admission	<input type="checkbox"/> Reserved Seating
Event on sale date:		Estimated Number of Attendees (per day)

CATERING AND FOOD SERVICE REQUIREMENTS		
To arrange for catering for the event, contact Campus Catering at 756-1177		
<i>All food and beverage service must be provided by Campus Catering.</i>		
The following type of catering service will be needed: <input type="checkbox"/> Food <input type="checkbox"/> Beverage <input type="checkbox"/> None		
Indicate the type of food or beverages that will be served		
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner
<input type="checkbox"/> Reception	<input type="checkbox"/> Meals/Snacks for Performers	
Receptions		
If event will have a reception for attendees, please complete the following		
The reception will be held in the following location		
<input type="checkbox"/> Lobby	<input type="checkbox"/> Patio	<input type="checkbox"/> Backstage
<input type="checkbox"/> Green Room	<input type="checkbox"/> Other: (Please explain):	

Youth Outreach for the Performing Arts Center (YOPAC) sponsorship:

Groups staging events at the Cohan Center or Spanos Theatre, which meet the following criteria, may qualify for reduced fees. If your group wishes to apply for YOPAC sponsorship, please check the box that applies.

Student Matinee(s)

The audience for this matinee performance will consist only of young people 18 years of age and under, plus an appropriate number of teachers or chaperones. Tickets will not be sold to the general public. The ticket price to be charged for this performance will be \$10 or under.

Young Artists On Stage

The presenter of this event must be an area school or not-for-profit organization. The performers for this event will consist predominantly of young people 18 years of age and under, but may include a very limited number of adult performers serving as leads, tutors or teachers. The ticket price to be charged for this performance will be \$14 or under.

Insurance

Your organization will be required to provide proof of general liability insurance at the discretion of the Center.

Cancellations

Cancellations must be made in a timely manner or charges may be incurred.

This REQUEST FOR USE will be received by the Manager of the Cal Poly Theatre. After a review of the information, you will be provided with the User Agreement and all pertinent information for your event. You will be advised of the ESTIMATED charges for your event after the set-up and technical needs for your event have been determined.

Use of the Cal Poly Theatre CANNOT BE CONFIRMED until the User’s Agreement has been signed and returned to the Cal Poly Theatre, and the required deposit has been paid. Proper identification (current driver’s license) of the signer of the deposit check may be required.

I (undersigned) have completed all items in this Request for Use and will comply with contents.

Client’s Signature

Date

Client’s Name

**COMPLETE AND RETURN THIS PAGE ONLY
IF RESERVATION IS MORE THAN 5 DAYS**

RESERVATION DATE(S) and TIME(S)							
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5							
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6							
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9							
	This is a <input type="checkbox"/> Rehearsal <input type="checkbox"/> Performance <input type="checkbox"/> Special Event						
10							
	This is a <input type="checkbox"/> Rehearsal <input type="checkbox"/> Performance <input type="checkbox"/> Special Event						