

THEATER USE FORM - EXTERNAL

Return this form to the Jennie Ayres, Business Services, along with your \$100.00 non-refundable application fee. Full payment is required four weeks prior to using the facility, and is **non-refundable if canceled less than fourteen days prior to scheduled activity**. If Atlantic Cape Community College cancels, full payment will be returned.

Telephone: 609-343-5039 - Fax: 609-343-5002 - Email: jayres@atlantic.edu

Maximum seating: 468 (including 6 handicapped) Today's date _____

Organization _____ Telephone _____

Address _____

Contact person _____

Telephone _____ Email: _____

Person responsible on site _____ Cell Phone Number _____

Describe event _____

Special parking requirements: (busses, vans, handicapped) Yes No if yes, please specify _____

Please complete the block that relates to your event.

CONFERENCE OR MEETING	
EVENT DATE(S): _____	
EVENT START TIME _____	EVENT END TIME _____
CLIENT ARRIVAL TIME _____	CLIENT DEPARTURE TIME _____
Number of people expected _____	
Will tickets be sold, or money collected at the door? <input type="checkbox"/> Yes <input type="checkbox"/> No Charge per person \$ _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No FOOD SERVICE (Must be through our vendor)	
SETUP TIME _____	BREAKDOWN TIME _____
<input type="checkbox"/> Yes <input type="checkbox"/> No VENDOR SETUP TIME _____ VENDOR BREAKDOWN TIME _____	
Number of tables with 2 chairs needed _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No Standard Conference Setup in Theater includes: Podium/Microphone, PowerPoint and registration table in lobby.	
<i>Unless otherwise requested or specified general lighting and sound is provided a conference setup.</i>	
Additional space and/or needs for your event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Breakout room(s): Number of rooms: _____ Number of People per room: _____	
If yes, please specify: <input type="checkbox"/> Tables # _____ <input type="checkbox"/> Chairs # _____ <input type="checkbox"/> CD/Music <input type="checkbox"/> DVD	
<u>Other please explain:</u> _____	

SHOW OR PRODUCTION

SHOW RUN DATE(S):

START DATE _____ **END DATE** _____

REHEARSAL RUN DATE(S):

Day 1 Start _____ **End** _____

Day 2 Start _____ **End** _____

Day 3 Start _____ **End** _____

SHOW ARRIVAL & END TIME(S):

Day 1 Start _____ **End** _____

Day 2 Start _____ **End** _____

Day 3 Start _____ **End** _____

Number of people expected _____

Will tickets be sold, or money collected at the door? Yes No Ticket Price \$ _____

Are there posters or flyers to be put up? Yes No

Is an offstage dressing room needed? Yes No

LIGHTING/SOUND: General lighting General sound Special lighting needs
 Special sound needs (Discuss with Theater Coordinator in advance)

Other Please Explain _____

EQUIPMENT /FURNITURE: (If appropriate indicate amount needed and location on reverse side of this form.)

Tables _____ Chairs _____ Microphone(s) _____ Podium CD/Music DVD Piano

PowerPoint (Includes Screen & Projector) Other _____

It is agreed that approval of this application is subject to regulations specified in the Policies and Procedures Manual provided by Atlantic Cape Community College. In no way will there be an implication in any verbal or written statement, the endorsement or sponsorship by the college of the activity. Any advertisement for this event using Atlantic Cape's name and/or location must be approved by Atlantic Cape prior to using said advertisement. If Atlantic Cape closes to the public because of reasonable concern due to weather emergencies, power outages, water outages, civil unrest, threat to national security or any other occurrence which may threaten the safety of persons on campus, events may be canceled. The college shall not be responsible for any costs to the Sponsor resulting from a cancellation or delay due to such a decision. The college will not charge for its contracted facilities and services that were not used due to cancellation by the college. Failure to accept and abide by these terms will result in cancellation of this contract. Any and all costs associated with this cancellation, incurred by the applicant, will be borne by the applicant. Client agrees to indemnify, save and hold harmless Atlantic Cape Community College and its directors, officers, employees, representatives or agents against any and all demands, claims, suits, losses, costs or damages arising out of claims of any nature, type or description in any way arising out of or in any way connected with this Agreement.

Authorized signature

Date

THIS SECTION FOR COLLEGE USE ONLY

This is not a valid contract unless signed by the President or Executive Director of Administration and Business Services.

Date received _____ Certificate of Insurance received _____ Action taken: Approved: Yes No

Basic Fee \$ _____ Extra cost \$ _____

Total due \$ _____

Jennie Ayres
Events Specialist, Business Services

Date

August Daquila
Dean of Administration and Business Services

Date

Theater Copy _____ Calendar listing _____ Work Order # _____ Catering _____