REQUEST FOR USE OF CTSA SPACES

Claire Trevor School of the Arts University of California, Irvine MAB 204 Irvine, CA 92697-2775

Thank you for your interest in holding your upcoming event at the Claire Trevor School of the Arts, University of California, Irvine. Please fill out and return this request to the School. We will respond to your request as quickly as possible. Completion of this application shall not confirm acceptance of your event by the University.

| Individual Organization (Please check one) |
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| Name of Individual or Organization: |
| If Organization, Name of Representative: |
| Address: |
| Phone Number: Email: |
| Is your organization UCI campus-approved? Yes? No? (Please check one) |
| Is your organization Profit? Or Non Profit? (Please check one) |
| If Non-Profit, please provide the following for verification purposes: |
| Conference Banquet Film Lecture Concert Play Dance |
| Other (please describe): |
| What space/theatre are you requesting? (Please circle one or more) Claire Trevor Theatre Winifred Smith Hat Little Theatre Robert Cohen Theatre Video Recording Studio PSTU 1110 PSTU 1130 PSTU 1140 DS 128 DS 120 Studio 4 Studio 5 |
| Title of proposed event: |
| Intent/Purpose of Program: |
| Type of Expected Audience: Expected Attendance: |
| Proposed Date(s) of Event: Times: |

Changes made 2/3/2014

| Is this a fund raising event? Yes No If yes, funds will be applied to: |
|---|
| Notes: |
| Parking permits are required seven days a week. The fee is \$10.00 per vehicle. It is the policy of the University of California for any Non-University organization who uses its facilities to name <u>UC REGENTS</u> as additional insurance insured on their existing insurance policy for <u>ONE MILLION DOLLARS</u> for the date(s) of their event. UC Regents must also be named a certificate holder. If you have any questions regarding this policy, please do not hesitate to call the Production Office. If applicable, by signing below, the Applicant, on behalf of the Organization, verifies that he or she has received and read, and the Organization will comply with, the attached UC Irvine Noncommercial Fund Raising by Off-Campus Organizations and the Claire Trevor School of the Arts Policy and Guidelines for Use of CTSA Spaces. |
| Signature of Individual or Representative Date |
| Claire Trevor School of the Arts Use Only Oversight Unit: |
| Not Approved (Circle one) Staff Member: Date: |
| If Denied, State Reason: |
| Location Scheduled: |
| Equipment: For equipment, please include how many of each you will need. Chairs Stands Tables |
| Risers Projector Dance Floor Yes No |
| Piano: Do you need one and do you need it tuned? Yes No |
| Microphone: Wired: Yes (How many?) No Wireless: Yes (How many?) No |
| Labor: Please put a check next to each type of crew that you will need. |
| Stage Manager Yes No |
| Lighting Designer Yes No |
| Sound Operator Yes No |
| Follow Spot Operator Yes No |
| House Manager is required. |
| We will assign other additional crew per discussion with client and based off needs of the particular event, in |

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order to properly staff your event.