

Date Received _____

Approved ___ Denied ___

**CALIFORNIA STATE UNIVERSITY, FRESNO
THEATRE ARTS DEPARTMENT
FACILITY USE REQUISITION FORM**

Requests will be reviewed 6 months before the event

Event Name _____

Department/Office _____ Check here if not affiliated with the university _____

Description of Function _____

Date of Function _____ Anticipated Attendance _____

Time of Function (Start) _____ to _____ (End)

This is the time the actual event starts and ends (Please specify either AM or PM)

Admittance Time _____ *The time when the audience can start entering for the event*

Facility Access Time _____ to _____

This is the time you want to enter the space to prepare for the event and the time needed to exit the building when the event is complete. Department requires a minimum of 1 hour before and 1 hour after for set up and take down. Additional time may be added for technical and foodservice needs.

Method of payment (Select one): _____ State Account _____ Auxiliary Account _____ Corporate Check

Name _____ Phone _____

The name and phone number of the person who will be responsible for the payment

Facility(s) requested: *(Check all that apply)*

- | | |
|---|--|
| _____ John Wright Theatre (SA113 – capacity 370) | _____ Woods Theatre (SA135 – capacity 148) |
| _____ Lyles Gallery (Theatre Lobby – capacity 125) | _____ Lab School Theatre (LS101 – capacity 90) |
| _____ Main Dressing Rooms (SA188/190) | _____ Woods Dressing Rooms (SA121/136) |
| _____ Lab School Dressing Room | _____ Scene Shop (SA115) |
| _____ Make Up Room (SA106) | _____ Green Room (SA107) |
| _____ Ricchiuti Plaza (Outside in the front of Theatre Lobby) | |

Specific Information: *(Check all that apply)*

- | | |
|---|---|
| _____ A meeting of an academic class | _____ Open to the public |
| _____ Contact Info <i>(Person, Phone, Web, Location, etc. Please specify below in the</i> | _____ Other category) |
| _____ Admission will be charged/donations accepted | _____ Cost |
| _____ Tickets will be sold/reserved/distributed before the event | _____ Tickets will be sold at the event |
| _____ Food/Drink will be served | _____ Food/Drink will be sold |
| _____ Alcohol will be served | _____ Alcohol will be sold |

Please refer to university policies on food and alcohol service. Food is not allowed in the theatres

_____ Other *(Please specify below)*

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(Complete this section for front of house/lobby only)

_____ Need tables: Amount _____

_____ Need tablecloths: Amount _____

_____ Need chairs: Amount _____

_____ Need table skirts: Amount _____

_____ Bringing flowers or decorations for the food/lobby area

Anticipated Technical Assistance *(Check all that apply)*

How much of the stage will you need?

_____ Full stage

_____ Fore stage (in front of the proscenium)

_____ Will be bringing set pieces, props or flowers? Specify: _____

_____ Need a podium *Our podiums are not designed to accept a seal* How many? _____

_____ Need tables on stage How many? _____

_____ Will require draping/skirts

_____ Need chairs on stage How many? _____

_____ Require lighting other than general illumination of the area with white light? Specify: _____

_____ Need microphone(s) How many? _____

_____ Wired

_____ Wireless

_____ Stand

_____ Playing music

_____ Music is recorded on a CD (required)

_____ Need monitor speakers on the stage

_____ How many?

_____ Recording this event

_____ How many cameras?

_____ Need an audio feed from the sound system

_____ Projecting images

How? _____

The department does not provide projection equipment, screens or technicians. Pick up, set up, operation and return are the renter's responsibility.

_____ Other *(Please specify below)*

_____ Items will be delivered before and picked up after scheduled access time.

(Please specify by who, what, where, when, and how)

I have read and agree to abide by all the rules and policies governing the use of the Theatre Arts Department facilities.

Contact Name _____ Position/Title _____

E-mail _____ Phone _____ MS# _____

Department Chair/Dean/VP/Faculty Advisor _____

This is the person authorized to approve payment for this event

E-mail _____ Phone _____ MS# _____

Mailing Address (off campus only) _____