



Harbor 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"/> Harbor Theatre | <input type="checkbox"/> Nove Studio |
| <input type="checkbox"/> Rehearsal Room | <input type="checkbox"/> Reception Hall |

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: _____

Type of Organization:	
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"/>

Type of Event:	
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 Harbor 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 affected 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. 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 Main Stage of the Harbor Theatre can accommodate a maximum of 174 persons (170 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. The capacity of other spaces is determined by the configuration and use.
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 Theatre Box Office tickets all events in the Harbor Theatre for which there is an admission charge (including "suggested donations"). The surcharge is \$1.50 per ticket. The ticket surcharge cannot be waived for any theatre user, including SCC organizations/departments.
7. Concessions: The Solano College Theatre Association handles all concessions in the Harbor 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 YES NO
- (Please indicate placement on diagram)
- 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 hanging scenery (drops, etc.)? YES NO
- i. all scenery plans must be submitted with this application.
- ii. 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 Harbor 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. _____

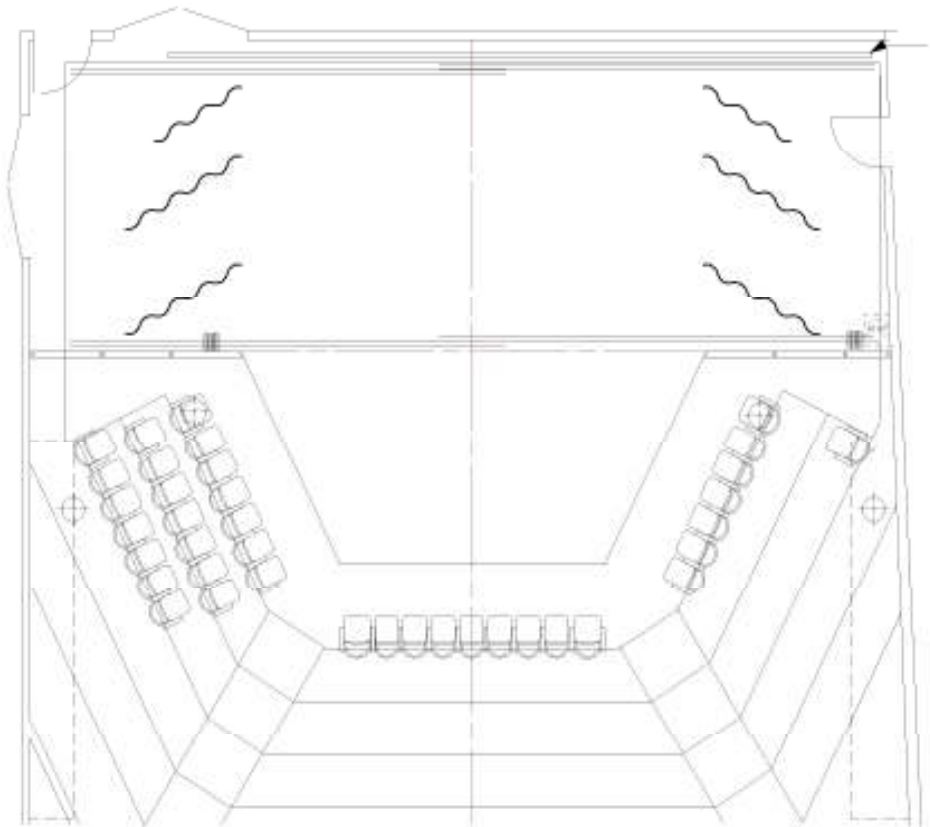
C. _____

Do you want the price printed on your ticket? Yes No

Event: _____ Date: _____

Contact Person: _____ Phone: _____

This drawing indicates placement of: _____



SOLANO COMMUNITY COLLEGE THEATRE Presents:	PRODUCTION:	DIRECTOR:	DESIGNER:	SCALE: 1/8" = 1'-0"	PLATE NO.:
		PROJECT:	DRAWN BY:	DATE: 07/12/01	