Please fill out the attached THEATRE RENTAL APPLICATION completely; Detach from this Policy Document;

Return to the REGENT UNIVERSITY Performing Arts Center Technical Coordinator for consideration.



Application Date:_	
Application Date.	

Return to:

School of Communication and the Arts Communication and Performing Arts Center Attention: TECHNICAL COORDINATOR 1000 Regent University Drive COM-221 Virginia Beach, VA 23464

THEATRE RENTAL APPLICATION

Applicant: Name of Company, Corporation, or Organization	
Address:	
City/State/Zip:	
Principle Contact Information:	
Telephone: (Main) (Secondary) e-Mail:	
Please give the name of, and a <u>full, detailed description</u> of the event for which the facilities are being reque and the content of the event. Include the name(s) of all performers or performing groups.	sted,
(Please attach additional sheet(s) as needed.)	
DATE(S) OF EVENT:	
NAME OF EVENT:	
Please give a detailed description of the proposed event, including a basic timeline of activities:	

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2. Give a detailed description of the facilities that you feel that you will need in order to adequately produce your

event, including all support rooms (Dressing Rooms, Green Rooms, etc.) and any additional equipment/services (dance floor, etc). Please include a full description of the particular activities that will be taking place in each of these rooms. (Attach additional sheet(s) as needed.) 3. Please give the name, locations and contact phone numbers of any other facilities (and dates of appearances) where this or other events under your sponsorship have been presented. 4. If admission is to be charged, please name all recipients of the proceeds from this event. (If more than one, please list the percentile distributions.) Bank Reference (include the name of Bank Officer) Personal or Business References: Address & Phone Number Name

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6. Please list the dates and times being requested for **ALL** load-ins, load-outs, performances, rehearsals, dress rehearsals and tech rehearsals in the timeline for your event:

(USE BACK of THIS PAGE, if needed.)

Date:	Time from:	Time to:	Activity Details:

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7. Please list all front-of-house and backstage staffing that you feel will be needed to adequately accomplish all activities associated with production of your specific event in this venue. Please be as detailed as possible:

(Note the attendance requirements for ushering staff & Security listed in the Rental Policy Manual.)

Load-In, Set-Up, Rehearsal(s), Performance(s), Strike and Load-Out

Number Needed:	Position Needed:	Activity needed for:
DIEASE	ELIST RELOW ANY EVE	ENT POSITIONS YOU WOULD LIKE TO FILL WITH YOUR OWN
PERSO	NNEL, IF DEEMED QUA	LIFIED BY OUR OPERATIONS DEPARTMENT TECHNICIANS:

				e volunteer ushers to wo Manager, remaining at t			?
			YES	S NO _			
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9. Name and address of Booking Agent, if any, for Performers:
10. Do you hold a Business License or Certificate of Incorporation? YES NO
If so, name the city and state where license/incorporation takes place, the name and address of the registered agent and the registration number(s).
INSURANCE
A Certificate of Personal & General Liability Insurance in the amount of \$1,000,000, including coverage for owned- and non-owned Automobile/Property Damage in the amount of \$500,000 (with Regent University named as "Also Insured") is required in order to book this event in the Communication and Performing Arts Center.
Do you have a current liability insurance policy covering events & venues?
If Yes, please attach a copy of your Certificate of Insurance (with Regent University named as an additional insured) with this Rental Request. If not, please arrange to have that Certificate faxed to the Technical Coordinator at (757) 352-4279 as soon as possible.
SEATING: GENERAL ADMISSION RESERVED SEATS
Will Tickets Be Sold to this Event? ☐ YES ☐ NO Anticipated Attendance: per performance Will there be scaled ticket pricing? ☐ YES ☐ NO
Please explain:
Please list ticket prices: Gen'l Admission: Reserved: Box Seats:
Students: Sr. Citizens: Military:
Will you need Box Office Services? ☐ YES ☐ NO ☐ Full-Service ☐ "Will-Call" Window Only
The selling of tickets to this event must be coordinated with our Box Office Manager.
What date will Tickets go on sale?
Will programs and in hidea towar CDa DVDs on any other possibles has affected for sole 2. \(\tau\) VEC. \(\tau\) NO
Will programs, audio/video tapes, CDs, DVDs or any other novelties be offered for sale? YES INO
Do you plan to video or audio record any or all of your event? YES NO
Is your group a 501(c)(3) "Not-For-Profit" organization? \square YES \square NO If so, please attach a copy of your group's 501(c)(3) Documentation.
All of the above questions must be answered in full before any dates can be placed on-hold and/or a Formal Rental Agreement can be executed.

Signature of Applicant & Date

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