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? □ Yes □ No  Charge per person $__________

□ Yes □ No FOOD SERVICE (Must be through our vendor)

SETUP TIME ________________________ BREAKDOWN TIME ______________________

□ Yes □ No VENDOR SETUP TIME___________ VENDOR BREAKDOWN TIME___________

Number of tables with 2 chairs needed__________

□ Yes □ No Standard Conference Setup in Theater includes: Podium/Microphone, PowerPoint

and registration table in lobby.

Unless otherwise requested or specified general lighting and sound is provided a conference setup.

Additional space and/or needs for your event? □ Yes □ No

Breakout room(s): Number of rooms:_____________ Number of People per room:_______

If yes, please specify: □ Tables #________ □ Chairs #________ □ CD/Music □ DVD

Other please explain:
______________________________________________________________
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

Revised January 2, 2014