Application for VPAC Facility Use & Event Information Form

Thank you for your interest in presenting your event at Valley Performing Arts Center (VPAC) facilities of California State University, Northridge. In preparation for our first meeting regarding your event, please read and complete this form. The form has been developed to assist in the planning of your event and to aid VPAC in providing you with an estimate of necessary fees and other expenses.

For an event to be considered for approval, complete **ALL** sections prior to submitting the Application and Event Information Form. When complete and both required signatures have been obtained, please send to Mail Drop #8448 or fax to 818-677-8880. If you have any questions please call VPAC Administrative Offices at 818-677-8850.

Requested Venue Facility:  
- [ ] VPAC Great Hall (capacity = 1,621)  
- [ ] Plaza del Sol Performance Hall (capacity = 494)  (Select One)

**NAME OF UNIVERSITY RECOGNIZED STUDENT CLUB OR ORGANIZATION:**

<table>
<thead>
<tr>
<th>Primary Student Producer (Person in charge of overall event)</th>
<th>Student Production Manager (Person in charge of technical aspects of event)</th>
<th>University Advisor (Must be current CSUN Faculty / Staff)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ____________________________________________________</td>
<td>Name: ____________________________________________________</td>
<td>Name: ____________________________________________________</td>
</tr>
<tr>
<td>Cell Phone: _______________________________________________</td>
<td>Cell Phone: _______________________________________________</td>
<td>Title: _____________________________________________________</td>
</tr>
<tr>
<td>E-mail: ___________________________________________________</td>
<td>E-mail: ___________________________________________________</td>
<td>Phone: ____________________________________________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>E-mail: ___________________________________________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mail Drop: ________________________________________________</td>
</tr>
</tbody>
</table>

**SOURCE OF FUNDING FOR EVENT:**

- [ ] Own Student Organization*
- [ ] University Student Union
- [ ] College Department

Representative Name and Title (Signatory for Facility Use Agreement): __________________________________________________________

Phone: __________________________

E-mail: __________________________

Mail Drop: ________________________

*Do you have an account with Associated Students?  
_____No  _____Yes

If yes, please checkmark which type(s):  
- [ ] Budget  
- [ ] Agency

**PROPOSED EVENT NAME:**

Proposed Date(s) of Event (Please list desired date(s) and two alternative dates):

Date(s): ___________________  Alternate(s) #1: ___________________  Alternate(s) #2: ___________________

START TIME(S) DAY #1: (1st) __________  (2nd) __________  Time of Access: __________  Vacate By: __________

START TIME(S) DAY #2: (1st) __________  (2nd) __________  Time of Access: __________  Vacate By: __________

Will there be additional dates for tech and/or rehearsal required?  
_____No  _____Yes  If yes how many? __________________

TECH / REHEARSAL DATE(S): _______________________________  Time of Access: __________  Vacate By: __________

TECH / REHEARSAL ALTERNATE(S): __________________________  Time of Access: __________  Vacate By: __________
TYPE OF EVENT (Choose one):

Theatrical ☐  Dance ☐  Concert ☐  Public Speaker ☐  Other ☐ ________________________________

GENERAL EVENT INFORMATION

Brief Description of Event: (What other activities are planned aside from the performance? Are there any security concerns? Is the event a fund-raiser? Etc.)

How many people do you expect in attendance? __________

What is the total number of participants in the production (on-stage and off)? __________

Will you need Special Backstage Parking Passes? _____ No _____ Yes If yes how many? _______

FRONT OF HOUSE

Typically we open the lobby (1) hour prior to start time and the house a (½) hour prior to start time. Do you anticipate this schedule working for you? _____ Yes _____ To Be Determined

Is there an intermission? _____ No _____ Yes If yes, how long? ______________

Running Time of Show (Including intermission(s), if any): _______ hrs. _______ min.

Will there be a printed program to be distributed to all patrons? _____ No _____ Yes

Will you be bringing merchandise to sell? _____ No _____ Yes

*VPAC retains 20% commission on all merchandise sales in addition to sales tax, and staffs a seller

For a flat service fee, the concessions stand may be staffed and stocked. Would you be interested in learning more about this service of concessions sales at the event? _____ No _____ Yes

Please describe your lobby set-up needs and activities, if any. (I.e. How many tables and chairs will you need? Do you have any signage to display?):

_________________________________________________________________________________________________________________
TECHNICAL REQUIREMENTS

LIGHTING: Briefly describe your lighting needs for the stage (i.e. “A general wash of lighting on the stage in three colors with some special lights focused in certain areas.”)

Will you need follow-spot lights? _______ No _______ Yes

SOUND

How many microphones will you need? _______

Will you have live musicians? _______ No _______ Yes
If yes, please describe:

Will you have pre-recorded music? _______ No _______ Yes

AUDIO / VISUAL

Will you use the house projector and screen? _______ No _______ Yes

If yes, please describe (slideshow, movie, etc...):

THEATRE & STAGE CONFIGURATION

Please describe your general stage set-up. (I.e. “There will be one set with some pieces that move on and off stage.”, “Stage set for a 5-piece band with risers for the drum set.”)
TICKETING

Seating: _______ Reserved _______ General Admission
(Select one)

Is your event free? _______ No _______ Yes

If No, will you be interested in selling pre-printed tickets on consignment? _____ No _____ Yes _____ TBD

General Ticketing Information
For purposes of liability and crowd control, tickets for your event(s) must be printed by the Ticket Office. Only the Ticket Office and Ticketmaster tickets will be accepted for admission to the event. Every patron in the auditorium (regardless of age) must have a ticket. VPAC operations may retain a minimum number of house seats. Tickets may go on-sale only after rental agreement and all contractual documents have been fully executed.

MARKETING AND ADVERTISING

Advertising Requirements: Please note that VPAC Operations must approve all marketing materials prior to release.

How and where will your event be advertised and promoted?

GENERAL POLICIES

Please be aware of the following:

• VPAC / PdS are strictly non-smoking facilities. Smoking is prohibited in all areas of the building.
• Alcoholic beverages are not permitted on the premises
• No food or drink is allowed inside the stage, theatre or dressing rooms at any time.
• Only event participants are allowed backstage during a performance
• Event day(s): all event performers, event personnel, event workers, etc. are to enter through the Artist’s / Stage Entrance, not through the lobby doors
• Only one organization can directly fund the event
• “University Affiliate/Partner” rates are only available to groups that have a financial account at the university (i.e. Associated Students, University Student Union, etc...). Community events for which student groups are used for a pass-through (i.e. the student group is submitting this application on behalf of another person or group in the community) will not be granted “University Affiliate/Partner” status

SIGNATURE

I certify that the preceding information is complete and accurate. By signing, I agree that both the University Advisor and Student Producers will be held responsible for adhering to all VPAC rental policies and timelines. Additionally, by signing, the University Advisor is committing to provide support, guidance and accountability to the student group through the entirety of the rental process. I understand that this questionnaire is not a legal contract and that the information is for use by Valley Performing Arts Center Facility Operations to evaluate the needs and feasibility of the proposed event. It is subject to the approval of Valley Performing Arts Center Facility Operations and does not obligate either Valley Performing Arts Center or the applicant or confirm acceptance of the applicant or the event by Valley Performing Arts Center.

Student Officer Signature ___________________________ Date ______________________

Print Name, Title ___________________________

University Advisor Signature ___________________________ (Required) Date ______________________

Print Name, Title ___________________________