

Central Alabama Community College

THEATRE & PERFORMING ARTS CENTER

FACILITY USE APPLICATION

EVENT INFORMATION

Event name / purpose:

Is this event for-profit or fundraising?

☐ Yes

☐ No

If yes, who will benefit from the proceeds?

Event date(s): Begin (mm/dd/yyyy)

End (mm/dd/yyyy)

Event time(s): Begin (a.m./p.m.)

End (a.m./p.m.)

Expected audience attendance:

Number of performers / crew:

NO FOOD OR DRINKS ALLOWED
in the Theatre & Performing Arts Center.

ORGANIZATION INFORMATION

Name of group / organization:

Do you have 501(c)(3) status?

☐ Yes

☐ No

Responsible party / authorized representative:

Street address or P.O. Box:

City:

State:

ZIP Code:

Phone number:

Email:

I certify that I am an authorized agent to secure facilities and execute payment. I have read and agree to abide by the regulations regarding leasing or use of CACC facilities set forth in ACCS Board of Trustees Policy 500.01: Use of College Facilities, effective January 9, 2019. Use shall be compatible with the mission, philosophy, functions, and objectives of the Alabama Community College System. I will make these regulations known to members of my organization.

Responsible party signature:

Date:

Central Alabama Community College

THEATRE & PERFORMING ARTS CENTER

FACILITY USE APPLICATION

FACILITY INFORMATION & FEES

Requested venue: Theatre & Performing Arts Center, Alexander City Campus. This application applies only to this venue. Rental and cleaning fees are to be completed by CACC.

Facility rental fee: \$	Cleaning fee: \$	Total: \$
Approved rental period / fee basis:		

OTHER FEES

Assistant fees	Rate	Hours	Total cost
Building Assistant (2-hour minimum)*	\$40 / hour		\$
Media Assistant (2-hour minimum)*	\$40 / hour		\$
CACC Police Officer (2-hour minimum)* **	\$40 / hour		\$

*These fees are paid directly to the individual providing the service. **The police officer must be employed by CACC.

Equipment / set-up fees	Rate	Qty. / hours	Total cost
Projector	\$25 / item		\$
Microphone	\$10 / item		\$
Tables	\$3 / table		\$
Chairs (additional event seating)	\$0.25 / chair		\$
Podium	\$10 / item		\$
Sound system	\$7 / hour		\$

Other approved equipment / services and fees:

Total other fees: \$ Grand total due: \$

I agree to pay the amount listed above for use of the requested facility and to abide by ACCS Board of Trustees Policy 500.01: Use of College Facilities. Facility use shall be compatible with the mission, philosophy, functions, and objectives of the Alabama Community College System. Event Support Personnel scheduling may be required for fee estimation and clarification.

I further state that this event is a not-for-profit event.

Proof of liability insurance in the amount of \$1,000,000.00 is required at the time of application.

Signature: Date:

Checks payable to Central Alabama Community College, Attn: Business Office, 1675 Cherokee Road, Alexander City, AL 35010.

Central Alabama Community College

THEATRE & PERFORMING ARTS CENTER

FACILITY USE APPLICATION

EVENT PLANNER & PERFORMANCE SUPPORT

Event name:

Event date(s) and performance times:

Event planner / on-site contact:

Contact phone:

Contact email:

Load-in / set-up date and time:

Rehearsal / sound check date(s) and time(s):

Doors open:

Event ends:

Load-out complete:

STAGE & SPACE REQUIREMENTS

Stage use requested?

☐ Yes

☐ No

Dressing room use requested?

☐ Yes

☐ No

Registration table requested?

☐ Yes

☐ No

Additional tables / chairs: Quantities, types, and locations:

Stage layout, props, scenery, booths, or displays:

AUDIO, VIDEO & LIGHTING REQUIREMENTS

Microphones: Handheld quantity / lapel quantity / stands / other:

Sound, playback, projection, presentation inputs, and lighting needs:

Requested technical support / operator and rehearsal coverage:

List all technical needs for CACC review and coordination before the event.

Central Alabama Community College

THEATRE & PERFORMING ARTS CENTER

FACILITY USE APPLICATION

ADDITIONAL EVENT DETAILS

NO FOOD OR DRINKS ALLOWED
in the Theatre & Performing Arts Center.

I have read and agree to the above statement (initials):

Special instructions / additional equipment:

Stage / event set-up diagram or attach a separate diagram:

Name of person completing the event planner:

If different from the responsible party, sign below to indicate that you have read, understand, and agree to the terms and fees listed in this application.

Event planner signature:

Date:

FOR COLLEGE USE ONLY

Event placed on Master Calendar?

☐ Yes

☐ No

Invoice needed?

☐ Yes

☐ No

Invoice date:

Payment date:

Payment method (cash / check / credit card) and receipt / check number:

Application decision:

☐ Approved

☐ Denied

President's signature:

Date:

Payment processing is handled separately by the Business Office.