



To Whom It May Concern:

Thank you for planning your event at the Cañada College Theatre. In order to formalize the application process, you will need to complete the enclosed facilities application. Once you have completed and signed the application, please mail the original or fax it back to me as soon as possible to the address listed below.

I will review your application, approve the dates and forward the application to our facilities Coordinator, Rachel Corrales. Rachel will prepare a contract and invoice for your event.

In order to rent the college's facilities you will also need to provide a certificate of Comprehensive General Liability Insurance as described below:

1. \$ 2,000,000 combined Property and Liability Coverage **per Occurrence**

OR

1. \$ 2,000,000 combined Property and Liability Coverage, and
2. \$ 4,000,000 aggregate coverage.

San Mateo County Community College District will need to be named as both the **certificate holder** and as **additionally insured** for the date(s) of the event. This certificate must be received by Rachel in order to finalize your request.

If you have any questions or need additional assistance regarding your contract, invoice, insurance or billing, please call Rachel at (650) 306-3271.

If you have questions regarding dates, times, staffing or technical requirements, please call me at (650) 306-3316.

Sincerely,

Michael Walsh
Theatre Events Coordinator
Cañada College
4200 Farm Hill Boulevard Redwood City, CA 94061
Phone (650) 306-3316
Fax (650) 306-3224

Cañada College 4200 Farm Hill Boulevard Redwood City, CA 94061 Voice 650-306-3316 Fax 650-306-3224		Today's Date _____
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Theatre Facilities Reservation Request

BY PERSONS OR ORGANIZATIONS **NOT** DIRECTLY AFFILIATED WITH CAÑADA COLLEGE

Organization Name: _____

Non-Profit Number_94-_____

Your Name: _____ Title: _____ Phone: _____

Address: _____
 (Street) (City) (State) (Zip Code)

Phone: _____ Email _____

ONSITE CONTACT NUMBER FOR DAY OF EVENT: _____

Event Type: _____

Expected number in attendance for rehearsals _____ For performances _____

List Event Date(s): _____

Date 1: _____ **Set-up** **Rehearsal** **Performance/Event**

Arrival Time: _____ A.M. or P.M. Time Event Begins: _____ A.M. or P.M.

Time Event Ends: _____ A.M. or P.M. Time of Departure: _____ A.M. or P.M.

Total Hours: _____

Date 2: _____ **Set-up** **Rehearsal** **Performance/Event**

Arrival Time: _____ A.M. or P.M. Time Event Begins: _____ A.M. or P.M.

Time Event Ends: _____ A.M. or P.M. Time of Departure: _____ A.M. or P.M.

Total Hours: _____

Date 3: _____ **Set-up** **Rehearsal** **Performance/Event**

Arrival Time: _____ A.M. or P.M. Time Event Begins: _____ A.M. or P.M.

Time Event Ends: _____ A.M. or P.M. Time of Departure: _____ A.M. or P.M.

Total Hours: _____

Use the attached additional sheet if needed

PLEASE INDICATE THE FACILITY OR FACILITIES REQUESTED:

Theatre (capacity 520)	Additional space needed:
<input type="checkbox"/> Theatre Apron (in front of main Curtain only)	
<input type="checkbox"/> Theatre Full Stage	
<input type="checkbox"/> Foyer/Lobby	
<input type="checkbox"/> Box Office	

Are you selling concessions? Yes___ No___ If yes, please describe _____

Are you serving food? Yes___ No___ If yes, please describe _____

Are you selling tickets? Yes___ No___ If yes, how much will you charge? _____

Are you charging attendees a fee? Yes___ No___ If yes, how much will you charge? _____

Are you anticipating Special Traffic/Parking Needs? Yes___ No___

(If yes, check all that apply): Reserve Parking Spaces # _____

Reserve Parking Lot # _____

Suspend Parking Regulations (except at metered lots)

Directing Traffic Flow

TECHNICAL REQUIREMENTS NEEDED:

Stage	Lighting	Sound	Audio Visual
<input type="checkbox"/> Main Curtain	<input type="checkbox"/> Basic House Plot-- Includes areas and some specials	<input type="checkbox"/> Microphones How Many? ____	<input type="checkbox"/> DVD Projection
<input type="checkbox"/> Black Masking	<input type="checkbox"/> Additional specials	<input type="checkbox"/> CD Playback	<input type="checkbox"/> VHS Projection
<input type="checkbox"/> Cyc	<input type="checkbox"/> Additional Color	<input type="checkbox"/> MD Playback	<input type="checkbox"/> Computer Projection
<input type="checkbox"/> ½ Stage Traveller	<input type="checkbox"/> Special focusing	<input type="checkbox"/> Cass Playback	<input type="checkbox"/> 35mm Projection
<input type="checkbox"/> Fly system (drops etc.)	<input type="checkbox"/> Spotlight	<input type="checkbox"/> Monitor speakers	<input type="checkbox"/> video feed to backstage
<input type="checkbox"/> Scenery on stage	<input type="checkbox"/> Patterns	<input type="checkbox"/> Audio feed	
<input type="checkbox"/> Podium		<input type="checkbox"/> Backstage monitors	
<input type="checkbox"/> Portable risers (3'X8') How many? ____	Other		
<input type="checkbox"/> Chairs-how many? ____			
<input type="checkbox"/> Tables (30"X6') How Many? ____			
<input type="checkbox"/> Acoustical Shells			
<input type="checkbox"/> Music Stands			

Requestor's Signature _____ Date _____

Please send completed application to the attention to Mike Walsh at
Cañada College Theatre 4200 Farm Hill Blvd. Redwood City CA 94061, or Fax to: 650-306-3224

We will contact you with availability information and an estimate

Application must be received 45 days prior to the date of use.

Cañada College Theatre Rates

Facilities

Facility	Seating	Group I	Group II	Group III	Group IV
		Civic Center Groups Collecting no fees	Non-Profit Organizations Collecting no fees	For profit and Religious Organizations Collecting no fees	All groups Collecting Fees
<i>Main Theatre</i>	516	<i>No Rental Fee</i>	<i>\$75 / hour</i>	<i>\$100 / hour</i>	If fees are collected, Use group rate plus 10% of net proceeds
<i>Foyer only</i>		<i>No Rental Fee</i>	<i>\$30 / hour</i>	<i>\$40 / hour</i>	
<i>Additional Rooms</i>		<i>No Rental Fee</i>	<i>\$20 / hour</i>	<i>\$30 / hour</i>	

Labor

A minimum of one theatre technician is required for all events.

Custodial service is required on events of over 100 people or if food of any kind is served.

Security officer may be required in some cases.

Theatre Manager / Lead Technician \$47 / hour

Additional technicians \$39 / hour

Custodians \$48 / hour

Security \$44 / hour

Equipment

Main Theatre rentals include:

Black masking, Main Drape, projection screen and full rigging.

Basic house Light plot and Expression console

16 channel sound Mixer with playback and public address capability

Technicians are required for all Theatre rentals. Equipment is not included in facility rental fees.

All rental contracts must employ union custodial crew provided by the district.

Security fees will apply as well.

Application must be received 45 days prior to the date of use.

Additional dates and times of use

Date 4: _____ **Set-up** **Rehearsal** **Performance/Event**

Arrival Time: _____ A.M. or P.M. Time Event Begins: _____ A.M. or P.M.

Time Event Ends: _____ A.M. or P.M. Time of Departure: _____ A.M. or P.M.

Total Hours: _____

Date 5: _____ **Set-up** **Rehearsal** **Performance/Event**

Arrival Time: _____ A.M. or P.M. Time Event Begins: _____ A.M. or P.M.

Time Event Ends: _____ A.M. or P.M. Time of Departure: _____ A.M. or P.M.

Total Hours: _____

Date 6: _____ **Set-up** **Rehearsal** **Performance/Event**

Arrival Time: _____ A.M. or P.M. Time Event Begins: _____ A.M. or P.M.

Time Event Ends: _____ A.M. or P.M. Time of Departure: _____ A.M. or P.M.

Total Hours: _____

Date 7: _____ **Set-up** **Rehearsal** **Performance/Event**

Arrival Time: _____ A.M. or P.M. Time Event Begins: _____ A.M. or P.M.

Time Event Ends: _____ A.M. or P.M. Time of Departure: _____ A.M. or P.M.

Total Hours: _____

Date 8: _____ **Set-up** **Rehearsal** **Performance/Event**

Arrival Time: _____ A.M. or P.M. Time Event Begins: _____ A.M. or P.M.

Time Event Ends: _____ A.M. or P.M. Time of Departure: _____ A.M. or P.M.

Total Hours: _____

Date 9: _____ **Set-up** **Rehearsal** **Performance/Event**

Arrival Time: _____ A.M. or P.M. Time Event Begins: _____ A.M. or P.M.

Time Event Ends: _____ A.M. or P.M. Time of Departure: _____ A.M. or P.M.

Total Hours: _____