



THEATRE RENTAL APPLICATION

FIRST STATE BANK CENTER FOR THE PERFORMING ARTS • 1525 WEST CALIFORNIA STREET • GAINESVILLE, TEXAS 76240 • 940/668-3318

PLEASE TYPE OR PRINT NEATLY. Applications must be accompanied by the appropriate deposit. Reservation is not guaranteed until you receive written confirmation from the Performing Arts Technical Director.

Please circle weekday and write dates.

Week Days: M Tu W Th F Sa Su Dates: _____

 M Tu W Th F Sa Su Dates: _____

 M Tu W Th F Sa Su Dates: _____

RENTER'S CONTACT INFORMATION

Renter's Name (must be a person*) _____

***Please note:** The person named above on the Rental Application is responsible for the permitted event and must be the first person to arrive on the day of the event and must stay onsite the entire time.

Organization Name (if applicable): _____

Purpose of the Organization: _____

Is the organization a non-profit? Yes No

Please attach 501(c)3 documentation.

Street Address/Apartment or Suite #: _____

City/State/Zip: _____

Day Phone: () _____ Evening Phone: () _____

Fax: () _____ Email Address: _____

EVENT INFORMATION

Show Title: _____

Rental Start Time* _____ am / pm Rental End Time* _____ am / pm

***Please note:** Rental start time must be at least one hour before show start time, allowing for 30 minutes minimum set-up time and 30 minutes house open before show start time. Rental end time must be at least 30 minutes after show end time, allowing 15 minutes for audience and performers to vacate the premises and 15 minutes to clean the lobby and dressing room areas.

House open time: _____ am / pm Show start time: _____ am / pm

Is the event open to the general public? Yes No

If yes, renter must provide NCTC's FSB CPA Technical Director with list of places/publications where the show is advertised, and sample of any published flyers or press releases. This is so we can answer the public's basic questions about your event, including where and how to obtain tickets.

Will you charge admission? Yes No

If yes, list prices including any student/senior discounts: _____

Will food or drink be served?* Yes No

***Please note:** Alcoholic Beverages may not be served. Please contact the Theater Director as to the specific requirements for hospitality suite usage, including having certified food handlers on hand.

Type of Event:

- Solo or duet music concert
- Dance performance
- Theater performance
- Music concert by 3+ performers
- Film or slide show
- Lecture or reading
- Other (Please indicate) _____

Number of Performers

Brief description of the event: _____

Will you sell souvenirs (including CDs) or advertise any goods/services? Yes No

If so, please describe: _____

Technical Details

All technical details must be disclosed on this application and/or approved by NCTC's Technical Director in writing prior to the event.

Will you use a NCTC piano? Yes No Keyboard Upright Grand

Will you use a NCTC LCD projector? Yes No

What NCTC sound and lighting equipment will you need? _____

Please refer to Technical Specifications Packet for complete list of items available.

What sound and lighting equipment and scenery pieces will you bring? _____

Do you have any special sound or lighting requests not indicated above? _____

Will your show include any of the following special effects or items requiring special caution?

(Please check all that apply to your show.)

- Water or soap bubbles
- Dry ice or chemical fog
- Frightening effects
- Glitter, confetti or snow
- Glass or mirrors
- Other (please indicate) _____
- Strobe lights
- Starter pistol or prop gun
- Food or drink onstage
- Special rigging

Name of director or person responsible for performance content: _____

Name of stage manager or person in charge of show: _____

Name of person in charge of lobby/box office if you are selling tickets: _____

Please note: *If you do not have all names at the time of application, please provide those you have. You will have an opportunity to add to the list or update it when your event is confirmed by phone the week prior and upon arrival.*

Please attach a diagram how you would like the stage set, if something other than an empty stage. Include microphone locations, piano if applicable, etc.

By signing this document renter agrees to all items herein.

Renter Date

| | | | |
|--|-----------------|---|------|
| For CPA Staff Use Only | | | |
| Application Date: _____ | Permit #: _____ | COST FOR GROUP: \$ _____ | |
| Preferred Rental Dates: _____ | | | |
| _____ Gabrielle Fletcher, Fine Arts Chair | Date | _____ Maurice Robeson, Vice President of Instruction | Date |