

VALLEY PERFORMING ARTS CENTER

Application for Facility Use

This application is intended to provide initial information of the needs of potential Users of Valley Performing Arts Center Facilities at California State University, Northridge (VPAC). This application must be submitted to the VPAC Rental Associate along with payment for the non-refundable application fee. If this application is approved and an event is executed, the application fee will be credited back to the Renter at the time of the final settlement. A final commitment to use VPAC Facilities is not made until a Facility Use Rental Agreement has been issued by VPAC, signed by the User and returned with the Event Deposit as specified in the Agreement. If you have any questions please call VPAC Administrative Offices at 818-677-8850.

Requested Venue Facility: **VPAC Great Hall (1,621)** **Plaza del Sol Concert Hall (494)**

Non-refundable Application Fee to be Made Payable to: VPAC - CSUN

VPAC Great Hall: \$100

Plaza del Sol Concert Hall: \$50

Today's Date: _____

NAME OF ORGANIZATION: _____

Address: _____ Phone: _____

_____ Fax: _____

Web Site: _____ Email: _____

Community User (as designated by City and District) Event: Yes ____ No ____

Type of Organization: CSUN/Affiliate ____ 501(c)3 (Non Profit) ____ Private/Profit ____

PRIMARY CONTACT

Name: _____

Cell #: _____

Alternate #: _____

E-mail: _____

Fax #: _____

PRODUCTION ADVANCE CONTACT

Name: _____

Cell #: _____

Alternate #: _____

E-mail: _____

Fax #: _____

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

Orchestra Size: _____

Concert

Public Speaker

Other _____

GENERAL EVENT INFORMATION

Please give a brief description of your event:

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 Access? _____ No _____ Yes
If yes, how many vehicles? _____

MARKETING AND ADVERTISING

Advertising Requirements: *Please note that VPAC / PH operations must approve all marketing materials prior to release.*

How and where will your event be advertised and promoted?

VPAC TICKETING

Is your event free? _____ No _____ Yes

Seating: _____ Reserved _____ General Admission

General Ticketing Information

For purposes of liability and crowd control, tickets for your event(s) must be printed by the VPAC Ticket Office. Only the VPAC 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. Only tickets that have been fully paid for can be checked out on consignment. Consigned tickets may be returned to the Ticket Office and fully refunded if returned prior to 48 hours of event date. Ticket build, administrative fees and services will be charged back to the sponsoring organization upon event reconciliation.

ADDITIONAL FACILITIES AND SERVICES

Please describe any additional facilities or services that your event might require (i.e. concessions sales, catering, etc.)

MERCHANDISE

Please describe any merchandise that you would request to sell or give away during your event(s).
(VPAC retains 20% commission on all merchandise sales in addition to sales tax, and staffs a seller)

PREVIOUS VENUE RENTALS

Please provide us with information about two of your past venue rentals for reference purposes:

Venue Name: _____
Date of Rental: _____ Space Rented: _____
Address: _____
Contact Name/Title: _____
Phone: _____

Venue Name: _____
Date of Rental: _____ Space Rented: _____
Address: _____
Contact Name/Title: _____
Phone: _____

SUBMIT TO: Valley Performing Arts Center
Attn: VPAC Facility Rentals - 8448
18111 Nordhoff Street
Northridge, CA 91330-8448
T: 818-677-8850