

NORRIS CENTER FOR THE PERFORMING ARTS

2010/2011 FACILITY USE APPLICATION

(PLEASE KEEP THIS PAGE FOR YOUR REFERENCE)

- ___ 1. Sign and return your Date Hold form with a Booking Fee of \$500.00 to secure event date and time.
- ___ 2. Mail, Email or Fax completed Facility Use Application (FUA) to the Norris Center at least 90 days prior.
- ___ 3. Upon receipt of the FUA a rental Production Meeting will be scheduled with our technical staff, box office, House Manager and Sales Director to discuss details of your event, sign the Rental Contract, and arrange payment of the estimated contract fees. Tickets will go on sale after your production meeting. (Tickets will not go on sale prior to a signed contract and required fee payment)
- ___ 4. You must obtain NCPA approval prior to printing promotional materials and/or merchandise for sale.
- ___ 5. Non-profit organizations must provide a copy of the 501c (3) status form.
- ___ 6. Certificate of Liability Insurance is required and NCPA must be named as 'other insured' on policy.
- ___ 7. Return a signed copy of the Theatre Use Guidelines form.

GENERAL INFORMATION

Phone: (310) 544-0403 Fax: (310) 377-2997

Box Office Hours: Tuesday – Saturday 12:00 noon to 6:00 PM, Sunday 12:00 noon to 4:00 PM.

Address: 27570 Norris Center Drive, Rolling Hills Estates, CA 90274

Norris Center Staff

Theatre Rentals Manager	Katie Scheaffer	Ext. 258
Box Office Manager	Jason Sluyter	Ext. 222
Technical Director	Greg Forbess	Ext. 228
Asst. Technical Director	Stacy Hennon	Ext. 227
House Manager	Judy Getzin	Ext. 224
Finance Director	Susan Henry	Ext. 262

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2010/ 2011 FACILITY USE APPLICATION

THIS FORM IS NOT A CONTRACT

Please complete this form in full and return to:
Katie Scheaffer, Theatre Rentals Manager
Norris Center for the Performing Arts- Attn: Theatre Rentals
27570 Norris Center Drive, Rolling Hills Estates, CA 90274 or FAX to: 310-377-2997

A. Rental Applicant

Licensee Name:

(Legal name of Company, corporation, organization, or individual)

Final Event Report Mailing Address:

Street name/ number (* P.O. Box is not acceptable)

City

State

Zip

Contact person:

Name

Phone (day/evening)

Cell #

Person authorized to sign Contract:

Name & Title

Phone

If applicant is a corporation, list names of officers:

President: _____

Name

Phone

Treasurer: _____

Name

Phone

1. ***Name of party responsible for payments:*** _____ Phone(s) _____

2. ***Is the organization a non-profit organization?*** If yes, please provide a copy of IRS non-profit letter.

3. ***Does your organization have current Liability Insurance?*** Yes No
Please attach a copy of your Certificate of Insurance. NCPA must be designated as 'other insured' on policy.

4. ***Does your organization have a Broadcast Music, Inc (BMI) License?*** Yes No

5. ***Financial References:*** (Please list 3)

Name:

Address

Phone

1. _____

2. _____

3. _____

NORRIS CENTER FOR THE PERFORMING ARTS TICKET ORDER WORK SHEET

General information:

- All Tickets must be issued by the Norris Theatre ticketing system. Please note any infraction of this requirement will result in the denial of future Norris theatre rental requests. All event attendees, regardless of age, must possess a ticket to enter the theatre. Tickets cannot be exchanged or returned for refund.
- Complimentary ticket requests must be made to the Box Office Manager prior to the event. Tickets will be distributed at the box office 'will call window'. Please give a list to the box office manager in advance of the first performance.

There is a \$600.00 'Non-ticketed Event Fee' for events that do not sell or require tickets.

Event date _____ Day _____ Time _____

Event date _____ Day _____ Time _____

Event date _____ Day _____ Time _____

Event date _____ Day _____ Time _____

Event date _____ Day _____ Time _____

Event date _____ Day _____ Time _____

Event date _____ Day _____ Time _____

Assigned (Reserved) Seating OR Unassigned (General)

Event Ticket Prices:

Full adult: _____ Child/Youth: (age____) _____ Senior: (age____) _____ Group: quantity _____

Outreach performance:

Day/Date: _____ Price: _____ Other: _____

Please list event title and additional information as requested on printed tickets. A maximum of (4) lines with twenty (30) characters, including any spacing.

Line 1) _____

Line 2) _____

Line 3) _____

Line 4) _____

Are you videotaping? YES: _____ NO: _____ Location of camera: _____

Do any seats need to be 'killed'? Describe number and location: _____

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Norris Center for the Performing Arts Technical Services Information

Total Number of performers participating in event: _____

Stage Area that will be Used (Check any that apply)

In front of main curtain _____ From mid-stage forward _____ Full stage w/orchestra pit _____
Full stage, no pit _____

Lighting/Sound Requirements (Check any that apply)

Area lighting (solo performer) _____ General illumination (no color/ no special focus) _____
Follow spots (2 available) _____ Full production lighting (done to your specification) _____

Do you have a lighting designer? YES / NO

Will you require the use of the NCPA sound system? YES / NO

Number of microphones needed for the following:

Speaking _____ Singing _____ Musical Instrument _____ Other _____

Note: Standard microphones are included with theatre rental, a limited number of wireless microphones are available for rent. Please refer to Rental Rate sheet for fee information.

Will you be using: Cassette tapes _____ CD's _____ Other _____

Additional Requirements (Check any that apply)

Tables on stage: 8ft _____ 6ft _____ 4ft _____

Chairs on stage: _____ Metal/upholstered (50 available)
_____ Bentwood (20 available)

Tables in lobby: 8ft _____ 6ft _____ 4ft _____

Chairs in lobby: _____ Metal/upholstered (50 available)
_____ Bentwood (20 available)

Platforms: _____ 4' x 8' x 12" (4 available)
_____ 4' x 8' x 24" (4 available)

9' Concert grand piano (Grotrian) _____ **Upright** (Yamaha) _____

Piano use fee \$50 per day. \$160 fee for tuning, if desired.

Stands / Podium needed? Yes / No **How many:**

Music stands (30 available) _____ Stand lights (20 available) _____

Conductor's stand (2 available) _____ Conductor's podium _____

Acoustical shell: (11) rollaway sections and (3) ceiling sections available. If ceiling sections are used, lighting is required over stage for stage to be lit. Set-up requires (3) hours tech labor added to your theatre rental time block. Please indicate which shell sections needed:

Motion picture screen needed: Yes / No
(size 14' x 20')

LCD Projector needed: Yes / NO
A fee of \$150 per day will be charged.

Marley dance floor (40' x 30') **Check one color:** Black _____ Gray _____

Note: Dance floor requires three (2) hours set up with labor of (3) tech crew add to total rental hours.
\$350 Rental Fee per installation.

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Will you be using any of the following Special Effects?

Fog _____ Smoke _____ Effects Projection _____ Pyrotechnics _____ Open flame _____

Note: Open flame and/or pyrotechnics use is authorized only with prior approval by the NCPA Executive Director. Licensee must obtain the permit from the L.A. County Fire Prevention Dept. Pyrotechnics require a licensed operator in addition to permit.

Set Description

Please describe: _____

Type and number of set pieces:

Drops _____ Flying set pieces _____ Risers _____ Furniture _____ Wagons _____ Other _____

Do you have a set a designer? Yes _____ No _____

Set load in Day/Date: _____ **Time:** _____

Will you provide a load in crew? _____ **Number of persons?** _____

Do you have a Stage Manager who will call the cues for your event? Yes _____ No _____

Do you have a Technical Director? Yes _____ No _____

The Norris Center Technical Director shall determine the number of tech crew needed for each event based on the information contained herein. The event sponsor may provide volunteer technical personnel in addition to the minimum of (3) NCPA crew, with the approval of the Executive Director. You are required to attend an in-person meeting to sign the rental contract and pay estimated rental fees. Please bring necessary persons to discuss technical requirements for your event at that meeting.

Technical Director

Name _____ Phone: Day _____ CELL: _____

Stage Manager

Name _____ Phone: Day _____ CELL: _____

Lighting Designer

Name _____ Phone: Day _____ CELL: _____

Set Designer

Name _____ Phone: Day _____ CELL: _____

Sound Designer

Name _____ Phone: Day _____ CELL: _____

FAILURE TO COMPLETE THIS FORM IN ADVANCE OF THE REQUIRED PRODUCTION MEETING MAY RESULT IN THE CANCELLATION OF YOUR EVENT OR ADDITIONAL FEES CHARGED LICENSEE FOR COSTS INCURRED BY TECHNICAL STAFF FOR EVENT PREPARATION.

Norris Center for the Performing Arts Audio/Visual Application

For audio or video recording approval, please complete the following questions:
(Failure to complete this form will result in denial of recording privileges).

1. **Will Licensee be conducting?** Audio recording _____ Video recording _____

2. **Please list the following information on the recording:**

Day(s) _____ Date(s) _____ Time(s) _____

3. **Who will be making the recording?**

Name _____ Phone _____ Cell Phone _____

4. **Will members of the audience be allowed to record audio and/or video?** YES / NO

Note: If No, theatre ushers will not allow recording devices in the auditorium.

5. **Will members of the audience be allowed to use still cameras?** YES / NO

If yes, is flash photography allowed? _____ Will you have a pre-event announcement? _____

Authorization for the use of these facilities by the Norris Center for the Performing Arts shall not mean that the Norris Theatre, nor any of its constituent agencies in any way support, sanction, or agree with the policies/activities of the applicant.

The completion and filing of this application will not guarantee the applicant the use of the Theatre. The Booking of the Theatre is confirmed only by execution and delivery of a signed Theatre Rental Contract. Dates reserved are subject to cancellation if the Facility Use Application is not approved. The Estimated Rental Fees will be due upon signing of the Rental Contract.

Name of person completing this form: _____

Signature: _____ **Date:** _____

Phone: Day: _____ **Evening:** _____ **Cell #** _____

For Office Use Only	
Event Approved:	
_____	_____
Theatre Rental- Sales Director	Date

