**Today's Date:** ___________________  **Submitted by:** ___________________

**Check One:**  
☐ NEW Request for:  
☐ CHANGED request for:  
☐ Crocker Theater  
☐ Black Box Theater  
☐ Samper Recital Hall  
☐ Other  

**Event Specifics:**  
*please complete ALL fields: enter "?" or N/A if unsure*

**Date(s):** ___________________  **Time(s):** ___________________  

**Event Title:** ___________________

**Event Description:**  
*Please give a brief description of your event for PR purposes, to be used in all official marketing promotions unless updated by event requestor.*

**Rehearsals in venue:** 

**Rehearsal needs:**

<table>
<thead>
<tr>
<th>Date(s):</th>
<th>Time(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Ancillary spaces needed:**  
☐ Yes *  
☐ No  

*Please note:* All requests for ancillary spaces including classrooms and backstage rehearsal space(s) must be arranged with the VAPA Division Coordinator, Sherida Lincoln, at shlincol@cabrillo.edu or (831) 479-6288.

Please continue to page 2
### Admission Charges:

<table>
<thead>
<tr>
<th>Category</th>
<th>General:</th>
<th>Senior:</th>
<th>Student:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(must offer minimum 25% student discount)</td>
</tr>
</tbody>
</table>

### Event Category:

- **Category 2**: Non-Profit or College Sponsored; *without* an admission charge
- **Category 3**: Non-Profit or College Sponsored; *with* an admission charge
- **Category 4**: Commercial Use

### User Info:

Please fill out all requested user info below, *specific to your event Category, only.*

#### College Sponsored - Categories 2 & 3:

Event is to be College sponsored with a non-College group assuming financial responsibility.

<table>
<thead>
<tr>
<th>Sponsoring Dept:</th>
<th>Faculty/Staff contact:</th>
<th>Ext:</th>
</tr>
</thead>
</table>

Please sign and print name (College Sponsor) 

Date

### External Users - Categories 2, 3, & 4:

Presenter(s):

Presenter's Street Address:

Person who is authorized to make binding commitments for this presenter and will assume responsibility for finances and compliance with College procedures:

Please print name, phone number, and email address

Person responsible for informing college of technical details:

Please print name, phone number, and email address

### Administrative Approval

Return completed form to the Performing Arts Complex Coordinator for administrative approval

VAPA Program Chair: 

PAC Coordinator: 

Dean of VAPA: 

*For gathering information about proposed events to be presented for administrative approval. This is NOT A CONTRACT.*