APPLICATION FOR USE OF THEATRE BY NON-COLLEGE ORGANIZATIONS

Date of Application: _____

Name of Organization: _____

Name of Contact Person and Position: _____

Address: _____

_____

Phone: _____ **Email:** _____ **Website:** _____

Ammerman Campus Request: Shea Theate (427 Seats) ____ Shea Theatre Hallway ____
(Selden) Dressing Rooms ____ Theatre 119 (74 seats) ____
Green Room ____ Lecture Hall 117 (76 seats) ____

Grant Campus Request: Van Nostrand Theatre (450 seats) ____ Mezzanine Only (98 seats) ____
(Brentwood) Sagitkos Lobby ____ Orchestra only (265 seats) ____ Dressing Rooms ____

Eastern Campus Request: Please be advised, there is no theatre on the Eastern Campus, for assembly
(Riverhead) space please call 631-548-2522.

Title of Event: _____

Date of Event: _____

Event Setup: Pre-event _____ to Post-event _____. **Event Start Time:** From _____ to _____.

Speaker/Presenter Name: _____

Phone: _____ **Email:** _____

Estimated number of attendees per day: _____

Will a fee be charged to attendees: _____ **If yes, amount: $**_____

Who are the primary attendees, ___the public; ___ current SCCC students; ___other.
If other, identify_____

Will a fee be charged to vendors/exhibitors: _____ **If yes, amount: $** _____

Provide a brief description of event: ☐ Performance ☐ Meeting ☐ Movie ☐ Rehearsal ☐ Lecture

_____

_____

_____

TECHNICAL NEEDS	
LIGHTING:	☐ General Area ☐ General Rehearsal Lights ☐ Follow Spots ☐ Specific Lighting Cues (will need to meet at least one week prior to event)
MICROPHONES:	**Please include number of microphones needed for each selection:** ☐ Wired #_____ ☐ Wireless Handheld #_____ ☐ Wireless Lavalier # _____ ☐ Mics on stage #_____ ☐ Mics in audience # _____
PLAYBACK:	☐ iPod/Smartphone ☐ Laptop ☐ CD ☐ Onstage Monitor Speakers ☐ Played from stage by organization ☐ Played from booth by theatre personnel
VIDEO:	☐ DVD ☐ VCR
POWERPOINT:	☐ Theatre Laptop ☐ Laptop provided by user MAC or PC ? ☐ Remote/Laser Pointer ☐ Tablet ☐ Smartphone
MISCELLANEOUS:	☐ Metal Chairs for stage #_____ ☐ VIP chairs for stage #_____ ☐ Lectern ☐ Tables for stage #_____ ☐ Music Stands #_____ ☐ Grand Piano ☐ Upright Piano ☐ Projector & Screen

Please list what special equipment you will require: _____

_____

Describe any special set-up arrangements: _____

_____

Please note: **DOVER CATERERS** is the exclusive provider of food services for events held on the Ammerman or Michael J. Grant campuses – snack bar or catered events (i.e.: breakfast, lunch, coffee break…). Their phone number is (516) 933-4444.
For events held on the Eastern Campus, including the Culinary Arts Facility, please contact (631) 548-2535

PAYMENT OF FEES:

_____ (ORGANIZATION) agrees to accept responsibility for the payment of fees indicated on the enclosed schedule and for any other charges resulting from the organization's use of College facilities. The organization also agrees to promptly pay for any loss of damage to College property arising out of or as a result of the organization's use of facility Use Policy.

_____ (ORGANIZATION) further agrees to abide by the attached Regulations Governing the Use of College Facilities by Off-Campus Organizations and the College Facilities Use Policy.

INSURANCE and INDEMNIFICATION:

- A certificate of insurance naming both Suffolk County and Suffolk Community College as additional insured may be required. Such certificate is to certify that a policy of insurance issued to the insured organization contains comprehensive general liability coverage in the amount of $2 million (per occurrence) for the period of the proposed event.

- The organization shall indemnify and hold harmless the County and their College, their consultants, employees, agents and other persons from and against all claims, costs, judgments, liens, encumbrances and expenses, including attorneys' fees, arising out of the organization's use of the College facilities or out of the acts or omissions or negligence of the organization, its agents, employees or sub consultants in connection with the organization's use of the College facilities.

APPROVAL:

You may not commit your organization to any expenditure, prepare or send invitations or make any public announcements of the proposed event until you have received a confirmation that your application has been approved.

I show by my signature that I understand the terms of this agreement. I am an authorized representative of the above mentioned organization.

Applicant's Signature: _____

Date

Please return this form to the Special Events office at the Sports and Exhibition Complex, Room MC106, SCCC-Grant Campus, Crooked Hill Road, Brentwood, NY 11717.

Approved by Manager of Facility: _____

Date

****Please note:**

- Theatre personnel are not responsible for theatre lobby set up.
- All walk-through dates must be scheduled a minimum of two weeks prior to your event.
- Banners must be provided a minimum of two days prior to your event.
- The Theatre laptop is available for use free of charge. If you need additional internet access it is available for a $125 fee and must be requested 2 weeks prior.
- Items may not be hung on theatre walls or curtains.

As you prepare your event, please do not hesitate to contact the Theatre Office for assistance at Ammerman (631) 451-4163 or Grant (631) 851-6364