

APPLICATION FOR USE OF THEATRE

Date of Application	n:	
Title of Event:		
Type of Event:		
Full name of Organ	nization:	
		Website:
Date(s):		
*Pre-Event: *Time you would like to start		
Event Starts:	ent Starts: Event Ends:	
Ammerman Camp	us Request: Shea Theate (427 Seats	Shea Theatre Hallway
(Selden)	Dressing Rooms	Theatre 119 (74 seats)
	Green Room	Lecture Hall 117 (76 seats)
Grant Campus Rec	quest: Van Nostrand Theatre (450 so	eats) Mezzanine Only (98 seats)
(Brentwood)	Sagtikos Lobby Orches	tra only (265 seats) Dressing Rooms
Eastern Campus R (Riverhead)	Request : Please be advised, there is respace please call 631-548-2	to theatre on the Eastern Campus, for assembly 2522.
Speaker/Presenter	Name:	
Phone:	Email:	
Estimated number	of attendees per day:	
Will a fee be charg	ed to attendees: If yes, a	mount: \$
	ary attendees,the public;	current SCCC students;other.

Will a fee be charg	ged to vendors/exhibitors: If yes, amount: \$	
Provide a brief des	scription of event: Performance Meeting Movie Rehearsal Lecture	
TECHNICAL NI	1	
LIGHTING:	☐ General Area ☐ General Rehearsal Lights ☐ Follow Spots	
	☐ Specific Lighting Cues (will need to meet at least one week prior to event)	
	Please include <u>number</u> of microphones needed for each selection:	
MICROPHONES:	☐ 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	
TOWERIOINT.	☐ Tablet ☐ Smartphone	
MISCELLANEOUS:	☐ Metal Chairs for stage # ☐ VIP chairs for stage # ☐ Lectern	
	☐ Tables for stage # ☐ Music Stands # ☐ Grand Piano	
	□ Upright Piano □ Projector & Screen	
lease list what sp	ecial equipment you will require:	
•		
escribe any speci	al set-up arrangements:	
ammerman or Mic reak). Their phore	ER CATERERS is the exclusive provider of food services for events held on chael J. Grant campuses — snack bar or catered events (i.e.: breakfast, lunch, coffine number is (516) 933-4444.	
or events held on the	ne Eastern Campus, including the Culinary Arts Facility, please contact (631) 548-2535	
AYMENT OF FI	EES:	
	(ORGANIZATION) agrees to accept responsibility for the payment of	
College facilities. 7	e enclosed schedule and for any other charges resulting from the organization's use The organization also agrees to promptly pay for any loss of damage to College of or as a result of the organization's use of facility Use Policy.	
	(ORGANIZATION) further agrees to abide by the attached	
egulations Govern acilities Use Polic	ning the Use of College Facilities by Off-Campus Organizations and the College	
cillies OSC FOIIC	y•	

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
<i>Please return this</i> form to the Special Events office at the S SCCC-Grant Campus, Crooked Hill Road, Brentwood, NY	1
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