SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

For Cañada College Internal & ASCC Events ONLY
San Mateo County Community College District
Request for Use of Facilities

1.

Cañada College	**College of San Mateo**	**Skyline College**	**District Office**
4200 Farm Hill Blvd.	1700 West Hillsdale Blvd.	3300 College Dr.	3401 CSM Dr.
Redwood City, CA 94061	San Mateo, CA 94402	San Bruno, CA 94066	San Mateo, CA 94402
(650) 306-3100	(650) 574-6161	(650) 738-4100	(650) 574-6550

Applicant Information

2. Application Date:

3. Is this an ASCC/Club event?   *Yes*   *No*

4. Name of Club/Department:

5. Club Advisor/Event Contact: 6. Office Phone: 7. Cell Phone: 8. Email:

9. Club Advisor 'G' Number:

10. Day of Event Contact: 11. Office Phone: 12. Cell Phone: 13. Email:

Facility Use/ Event Information

14. Name of Event: 14a. Type of Event: Select One:

14b. Description of Event Activities:

15. Event Date(s):

16.

Arrival Time:	Event Start Time:	Event End Time:	Departure Time:	Total Hours:

Note: If you are requesting to reserve the Theater, you must complete the Theater Facilities Request Addendum found at the end of this application.

17. Facility/ Room to Rent:

18. Additional Facility/ Room to Rent:

19. Additional Facility/ Room to Rent:

	Adults (over 18)	Minors (under 18)	Total
20. Estimated Attendance :			
21. Spectators (if sports event):			
22. Total Attendance :			

23. Check the box if you are:

   a.   Collecting admission or sales – *For what purpose are the funds used? Have you completed a fundraiser approval form?*

   b.   Serving food – Please describe:

   c.   Selling concessions – Please describe:

   d.   Having live music

   e.   Having minors in attendance

   f.   Multi-day event

24. Media Equipment - Check the box and enter amount required.

   a. DVD player   e. Projector

   b. MP3 connector   f. Projection screen

   c. Sound system   portable   g. Other

   d. Microphone   cordless

25. Furniture – Check the box and enter amount required.

   a. Chair   e. 6 foot table   g. Trash Can

   b. Podium/ Lectern   f. 8 foot table   h. Canopy

   c. Stage

   d. Round table   i. Other:

26. Special Arrangements / Attach diagram for event layout details:

Updated 8/30/2017

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The applicant understands and agrees this application is not a confirmation of facility use and that the date(s) for the event will not be confirmed until the application has been reviewed and approved by College. Upon approval by College, the applicant will be required to sign the District's Facilities Use Agreement to finalize the application. This application is not valid unless a Facilities Use Agreement, signed by both the Permittee and the District, is attached. Total estimated fees are based on information provided by the applicant. Applicant is responsible for actual fees incurred. Any additional fees will be invoiced and will be due upon receipt.

27. Club Advisor/Event Contact:

   Date:

28. College Supervisor:

   Date:

29. Student Life & Leadership Manager:
   (applicable if student club event)

   Date:

30. Vice President of Student Services:
   (applicable if student club event)

   Date:

The College Supervisor or Vice President of Student Services should complete the Account Number to be applied to this event.

31. Account Number (FOAP):

   1.

   2.

   3.

31a. Apply College Events Fund:

   FOAP:

-------------------------- **The Facilities Rental Office will complete the sections below.** --------------------------

32. Facilities Assigned:

   1.

   2.

   3.

   4.

   5.

33. Insurance:

This event includes persons attending who are not directly affiliated with the College and/or the level of risk associatated with planned activities are beyond the District's standard coverage. Additional insurance may be required.

   Yes   No

34. Personnel Requirement (All staff charges will be at a two hour minimum):

Type	# of Staff	Estimated Fees	Type	# of Staff	Estimated Fees	Type	# of Staff	Estimated Fees
Security			Technician			Grounds		
Custodial			Special Tech.			Other:		

35. Total Estimated Fees:

Application	Facilities Rental	Personnel	Equipment	Other	Total Est. Fees

36. Vice President of Administrative Services:

   Date:

(Signature required when using Special Events Funds and/or when additional insurance is neccessary.)

Theatre Facilities Rental Request Addendum

Event Type:

Expected number in attendance: **For rehearsals**   **For performances**

List Event Date(s): **If your event exceeds 3 days, use the additional sheet at end to complete.**

Date 1:	**Set-up**	**Rehearsal**	**Performance/Event**		
Arrival Time:	A.M. P.M.	Time Event Begins:		A.M.	P.M.
Time Event Ends:	A.M. P.M.	Time of Departure:		A.M.	P.M.
Total Hours:					

Date 2:	**Set-up**	**Rehearsal**	**Performance/Event**		
Arrival Time:	A.M. P.M.	Time Event Begins:		A.M.	P.M.
Time Event Ends:	A.M. P.M.	Time of Departure:		A.M.	P.M.
Total Hours:					

Date 3:	**Set-up**	**Rehearsal**	**Performance/Event**		
Arrival Time:	A.M. P.M.	Time Event Begins:		A.M.	P.M.
Time Event Ends:	A.M. P.M.	Time of Departure:		A.M.	P.M.
Total Hours:					

INDICATE THE THEATRE SPACE THAT YOU WILL USE (CHECK ONE):

    FULL STAGE   FRONT OF MAIN CURTAIN ONLY

Additional Spaces Required (please check all that apply):

Foyer/Lobby- For use other than basic lobby – ie. Refreshments, merchandising, separate event

Box Office – For selling tickets

Room 142 – classroom with moveable tables and chairs – capacity 60

Room 148 – classroom with tiered, fixed tables and chairs – capacity 73

Room 104 – classroom with moveable tables and chairs – capacity 30

Room 117 – classroom with moveable tables and chairs – capacity 30

Other

TECHNICAL REQUIREMENTS NEEDED (Please check all that apply):

Stage	Lighting	Sound	Audio Visual
Main Curtain	Basic House Plot-- Includes areas and some specials	Microphones How many?	DVD Projection
Black Masking	Additional specials	CD Playback	VHS Projection
Cyc	Additional Color	MD Playback	Computer Projection
½ StageTraveller	Special focusing	Cass Playback	Video feed
Fly system (drops etc.)	Spotlight	Monitor speakers	
Scenery on stage	Patterns	Audio feed	
Podium		Backstage monitors	
Portable risers (3'X8') How many?	**Other**		
Chairs- How many?			
Tables (30"X6') How many?			
Acoustical Shells			
Music Stands			

Use this page if you have more than three dates.

Date 4:   **Set-up**   **Rehearsal**   **Performance/Event**

Arrival Time: A.M.   P.M.   Time Event Begins: A.M.   P.M.

Time Event Ends: A.M.   P.M.   Time of Departure: A.M.   P.M.

Total Hours:

Date 5:   **Set-up**   **Rehearsal**   **Performance/Event**

Arrival Time: A.M.   P.M.   Time Event Begins: A.M.   P.M.

Time Event Ends: A.M.   P.M.   Time of Departure: A.M.   P.M.

Total Hours:

Date 6:   **Set-up**   **Rehearsal**   **Performance/Event**

Arrival Time: A.M.   P.M.   Time Event Begins: A.M.   P.M.

Time Event Ends: A.M.   P.M.   Time of Departure: A.M.   P.M.

Total Hours:

Date 7:   **Set-up**   **Rehearsal**   **Performance/Event**

Arrival Time: A.M.   P.M.   Time Event Begins: A.M.   P.M.

Time Event Ends: A.M.   P.M.   Time of Departure: A.M.   P.M.

Total Hours:

Date 8:   **Set-up**   **Rehearsal**   **Performance/Event**

Arrival Time: A.M.   P.M.   Time Event Begins: A.M.   P.M.

Time Event Ends: A.M.   P.M.   Time of Departure: A.M.   P.M.

Total Hours:

Date 9:   **Set-up**   **Rehearsal**   **Performance/Event**

Arrival Time: A.M.   P.M.   Time Event Begins: A.M.   P.M.

Time Event Ends: A.M.   P.M.   Time of Departure: A.M.   P.M.

Total Hours: