Hibbing Community College
Theater Event Request

Date Received:_______________ Received by:__________________________________ Internal _____ External ______

Section 1: This is a multi page form, please complete it fully or it may delay approval.

Event: ___________________________________________ ________________________________
Event Date: ___________________________________________________________________
Sponsors: ___________________________ Contact Person: _______________________________________________________________________
Location(s) needed for event: _________________________________________ # Attending: ____________________________
Time of event: Start_______am/pm    End _______am/pm    Access to Theater : time prior to start_______ end _______

Section 2: Please read this policy and sign below.

1. It shall be the policy of the college to make its facilities available, as a community service to civic non-profit organizations, provided that such usage does not conflict with college functions.
2. Organizations using college facilities will be held responsible for any damages to property.
3. College activities shall have priority over calendar reservations for all college facilities.
4. The master calendars are maintained by the contact person.
5. The college facilities are ALCOHOL, TOBACCO, AND DRUG FREE.
6. The college reserves the right to be represented at any functions involving usage of facilities.
7. Maintenance charges will apply to any group when a custodian is not regularly scheduled (at a minimum of two hours.)
8. Audio-visual equipment use is based on availability. A three-business day’s notice is required.
9. The use of specialized equipment, such as stage lighting and sound, requires the provision of qualified and approved personal.
10. Computer support services are based upon availability. A three-business day notice is required.
11. It will be the responsibility for the user to return the area and/or equipment used back to its original state. Failure to do so will result in additional charges to the user if the college sees fit.

Section 3: Responsible Party Information: By signing this, you agree to the terms of this entire facility use contract.

Print Name ___________________________ Signature: _____________________________
Address: ___________________________ Telephone #: __________________________
Fax #: ____________________________
E-Mail: ____________________________

Section 4: Distribute Copies to:  DO NOT COMPLETE THIS SECTION....FOR COLLEGE USE ONLY
Business Office □ Master Calendar □ □ Maintenance □ □ Computer Services □ □ Shelly Hanson □ □
Approved Date: ___________________________ Signature: ___________________________

Carrie Pearson Carriepearson@hibbing.edu
- or - Cynthia Pogorels CynthiaPogorels@hibbing.edu

Maintenance:
Time door(s) are to be unlocked & locked:

Doors: Unlock time:_________ Lock time:_________
Section 5: HCC Theatre Technical Set-Up

*If technical support is needed, this form must be submitted a minimum of two weeks prior to the event.*
*Indicate any placement of equipment or items needed for the event on page 3 of this form.*

<table>
<thead>
<tr>
<th>Set-Up:</th>
<th>Apron only</th>
<th>Standard full-stage set-up includes rear curtain rod closed, it does not include the cyclorama. Use of the cyclorama requires special lighting and an additional operator</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full stage, including Apron</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Full Stage up to Apron</td>
<td></td>
</tr>
</tbody>
</table>

Other: _________ Risers

Other: _________ Grand Piano

________ Computer/Video Projection

________ Curtain opening or closing

Lighting: _________ House lighting and overhead work lights (With no light changes)

General area stage lighting. (Requires set-up and programming in advance and additional operators)

Spotlights (Requires additional operators)

Light changes during the event (Requires lighting operator, and prior programming set-up)

Podium through house sound system (Additional operator needed)

Stand-up microphone (Additional operator needed)

Sound: _________ Podium with built-in microphone and speakers

________ Table-top microphone (Additional operator needed) Quantity: _________

________ Hand-held wireless (Additional operator needed) Quantity: _________

________ Wireless lavolier Microphone (Additional operator needed) Quantity: _________

________ Music/sound track (Additional operator needed) Channels needed: _________

The college has 3 hand-held mics, 3 wireless Lavolier mics, and 1 handheld wireless mic

Section 6: House and Stage Management

Who will provide House/Audience Management? Name: ___________________________ Phone # ________________

Who is responsible for all items used? Name: ___________________________ Phone # ________________

Who are your technical operators? Name: ___________________________ Phone # ________________

Name: ___________________________ Phone # ________________
Section 7: Stage Diagram

In the box below, please mark the general set-up on the stage for your event:

Stage is 34’ wide by 28’ deep. The apron is 34’ deep by 6’ deep.

Please make any notations, specifications, or general information below.

Set-up: ___________________________ Lighting: ___________________________

Sound: ___________________________ Other: ___________________________

Please return to:
Hibbing Community College         email to: carriepearson@hibbing.edu
Carrie / Cynthia                    cynthiapogorels@hibbing.edu
1515 E. 25th Street
Hibbing, MN 55746                    fax to: 1 (218) 262-6717