

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:

Business Office Master Calendar
Approved _____ Date: _____

DO NOT COMPLETE THIS SECTION....FOR COLLEGE USE ONLY

Maintenance Computer Services Shelly Hanson
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.*

Set-Up: Apron only
 Full stage, including Apron
 Full Stage up to Apron

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

Other: _____ Risers
 _____ Grand Piano
 _____ Computer/Video Projection
 _____ Curtain opening or closing

Other: _____

Lighting: _House lighting and overhead work lights (With no light changes)
 General area stage lighting. (Requires set-up and programming in advance and additional operator)
 Spotlights (Requires additional operators)
 Light changes during the event (Requires lighting operator, and prior programming set-up)

_____ Podium
microphone 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 # _____

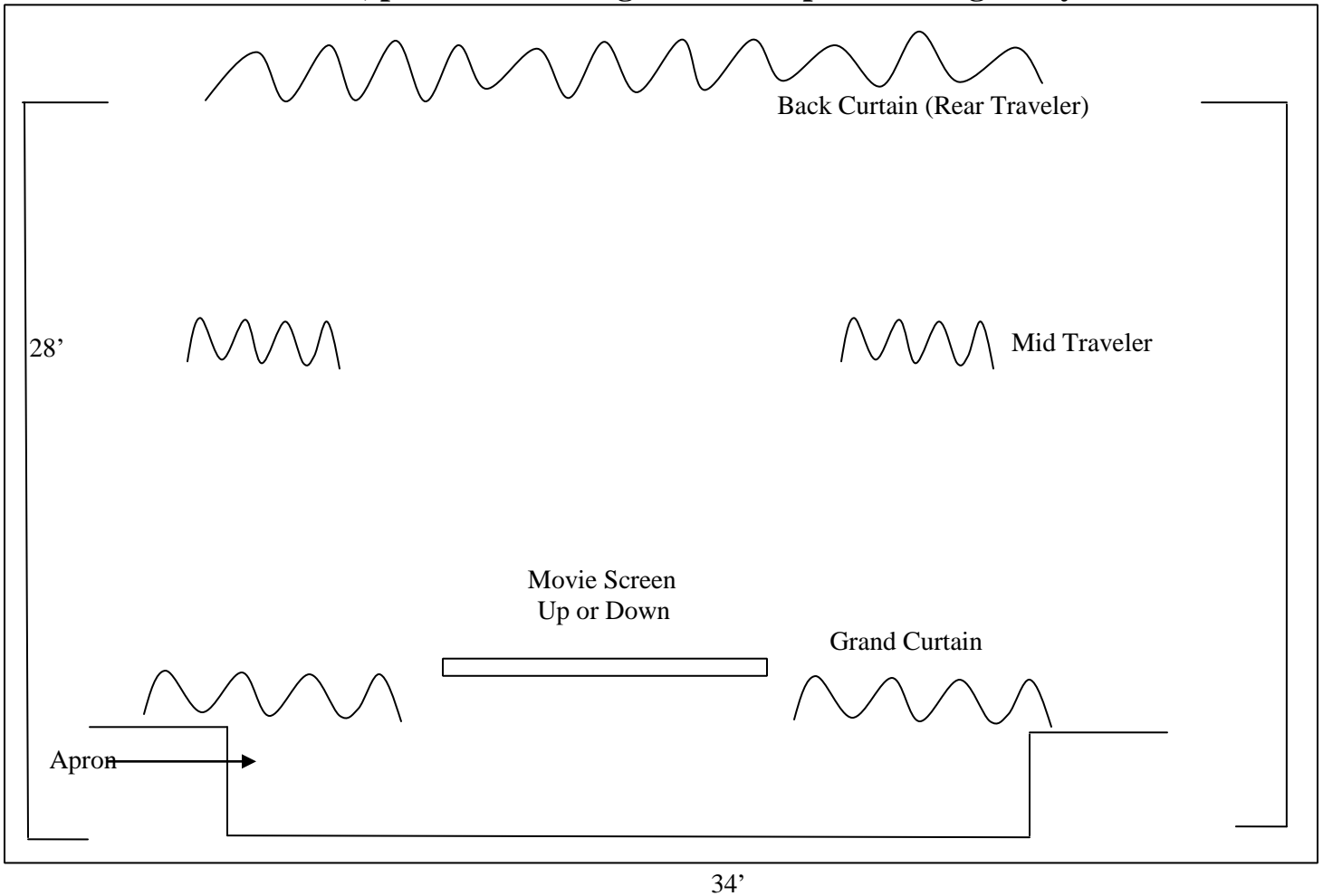
Who is responsible for all items used? Name: _____ Phone # _____

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
Carrie / Cynthia
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Hibbing, MN 55746

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