

# REGENT UNIVERSITY COMMUNICATION CENTER

Please fill out the attached THEATRE RENTAL APPLICATION completely;  
Detach from this Policy Document;  
Return to the REGENT UNIVERSITY Performing Arts Center Technical Coordinator for consideration.



Application Date: \_\_\_\_\_

**Return to:**

School of Communication and the Arts  
Communication and Performing Arts Center  
Attention: TECHNICAL COORDINATOR  
1000 Regent University Drive  
COM-221  
Virginia Beach, VA 23464

## THEATRE RENTAL APPLICATION

Applicant: \_\_\_\_\_  
Name of Company, Corporation, or Organization

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Principle Contact Information: \_\_\_\_\_

Telephone: (Main) \_\_\_\_\_ (Secondary) \_\_\_\_\_ e-Mail: \_\_\_\_\_

1. Please give the name of, and a full, detailed description of the event for which the facilities are being requested, and the content of the event. Include the name(s) of all performers or performing groups.

***(Please attach additional sheet(s) as needed.)***

**DATE(S) OF EVENT:** \_\_\_\_\_

**NAME OF EVENT:** \_\_\_\_\_

*Please give a detailed description of the proposed event, including a basic timeline of activities:*

\_\_\_\_\_  
\_\_\_\_\_  
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2. Give a detailed description of the facilities that you feel that you will need in order to adequately produce your event, including all support rooms (Dressing Rooms, Green Rooms, etc.) and any additional equipment/services (dance floor, etc).

Please include a full description of the particular activities that will be taking place in each of these rooms.

***(Attach additional sheet(s) as needed.)***

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3. Please give the name, locations and contact phone numbers of any other facilities (and dates of appearances) where this or other events under your sponsorship have been presented.

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4. If admission is to be charged, please name all recipients of the proceeds from this event. (If more than one, please list the percentile distributions.)

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5. Bank Reference (include the name of Bank Officer)

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Personal or Business References:

Name	Address & Phone Number

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6. Please list the dates and times being requested for **ALL** load-ins, load-outs, performances, rehearsals, dress rehearsals and tech rehearsals in the timeline for your event:

*(USE BACK of THIS PAGE, if needed.)*

Date:	Time from:	Time to:	Activity Details:

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7. Please list all front-of-house and backstage staffing that you feel will be needed to adequately accomplish all activities associated with production of your specific event in this venue. **Please be as detailed as possible:**

*(Note the attendance requirements for ushering staff & Security listed in the Rental Policy Manual.)*

***Load-In, Set-Up, Rehearsal(s), Performance(s), Strike and Load-Out***

Number Needed:	Position Needed:	Activity needed for:
<b>PLEASE LIST BELOW ANY EVENT POSITIONS YOU WOULD LIKE TO FILL WITH YOUR OWN PERSONNEL, IF DEEMED QUALIFIED BY OUR OPERATIONS DEPARTMENT TECHNICIANS:</b>		

8. Will your organization be able to provide volunteer ushers to work this event who are willing to be trained in advance (and supervised) by our FOH Manager, remaining at their assigned posts until released by the HM?

**YES** \_\_\_\_\_     **NO** \_\_\_\_\_

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9. Name and address of Booking Agent, if any, for Performers:

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10. Do you hold a Business License or Certificate of Incorporation?  YES  NO

If so, name the city and state where license/incorporation takes place, the name and address of the registered agent and the registration number(s).

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## INSURANCE

A Certificate of Personal & General Liability Insurance in the amount of **\$1,000,000**, including coverage for owned- and non-owned Automobile/Property Damage in the amount of \$500,000 (with **Regent University** named as “**Also Insured**”) is required in order to book this event in the **Communication and Performing Arts Center**.

Do you have a current liability insurance policy covering events & venues?  YES  NO

If Yes, please attach a copy of your Certificate of Insurance (with **Regent University** named as an additional insured) with this Rental Request. If not, please arrange to have that Certificate faxed to the Technical Coordinator at (757) 352-4279 as soon as possible.

SEATING:  GENERAL ADMISSION  RESERVED SEATS

Will Tickets Be Sold to this Event?  YES  NO Anticipated Attendance: \_\_\_\_\_ per performance

Will there be scaled ticket pricing?  YES  NO

Please explain: \_\_\_\_\_

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**Please list ticket prices:** Gen'l Admission: \_\_\_\_\_ Reserved: \_\_\_\_\_ Box Seats: \_\_\_\_\_

Students: \_\_\_\_\_ Sr. Citizens: \_\_\_\_\_ Military: \_\_\_\_\_

Will you need Box Office Services?  YES  NO  Full-Service  
 “Will-Call” Window Only

The selling of tickets to this event must be coordinated with our Box Office Manager.

What date will Tickets go on sale?

Will programs, audio/video tapes, CDs, DVDs or any other novelties be offered for sale?  YES  NO

Do you plan to video or audio record any or all of your event?  YES  NO

Is your group a 501(c)(3) “Not-For-Profit” organization?  YES  NO

If so, please attach a copy of your group’s 501(c)(3) Documentation.

All of the above questions must be answered in full before any dates can be placed on-hold and/or a Formal Rental Agreement can be executed.

\_\_\_\_\_  
Signature of Applicant & Date