To Whom It May Concern:

Thank you for planning your event at the Cañada College Theatre. In order to formalize the application process, you will need to complete the enclosed facilities application. Once you have completed and signed the application, please mail the original or fax it back to me as soon as possible to the address listed below.

I will review your application, approve the dates and forward the application to our facilities Coordinator, Rachel Corrales. Rachel will prepare a contract and invoice for your event.

In order to rent the college’s facilities you will also need to provide a certificate of Comprehensive General Liability Insurance as described below:

1. $2,000,000 combined Property and Liability Coverage per Occurrence

OR

1. $2,000,000 combined Property and Liability Coverage, and
2. $4,000,000 aggregate coverage.

San Mateo County Community College District will need to be named as both the certificate holder and as additionally insured for the date(s) of the event. This certificate must be received by Rachel in order to finalize your request.

If you have any questions or need additional assistance regarding your contract, invoice, insurance or billing, please call Rachel at (650) 306-3271.

If you have questions regarding dates, times, staffing or technical requirements, please call me at (650) 306-3316.

Sincerely,

Michael Walsh
Theatre Manager
Cañada College
4200 Farm Hill Boulevard Redwood City, CA 94061
Phone (650) 306-3316
Fax (650) 306-3224
Theatre Facilities Reservation Request
BY PERSONS OR ORGANIZATIONS NOT DIRECTLY AFFILIATED WITH CAÑADA COLLEGE

Organization Name: ________________________________________________________________
Non-Profit Number_94-_________________ OR SS No._________ Or Tax ID ____________________

Your Name: __________________________________________ Title: __________________ Phone: __________________

Address: _________________________________________________________________________
         (Street) (City) (State) (Zip Code)

Phone: __________________________ Email __________________________

ONSITE CONTACT NUMBER FOR DAY OF EVENT: __________________________

Event Type: ________________________________________________________________

Expected number in attendance for rehearsals ________ For performances _________

List Event Date(s): __________________________________________________________________

Date 1: ___________  □ Set-up  □ Rehearsal  □ Performance/Event

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

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

Total Hours: ________

Date 2: ___________  □ Set-up  □ Rehearsal  □ Performance/Event

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

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

Total Hours: ________

Date 3: ___________  □ Set-up  □ Rehearsal  □ Performance/Event

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

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

Total Hours: ________

Use the attached additional sheet if needed
PLEASE INDICATE THE FACILITY OR FACILITIES REQUESTED:
Theatre (capacity 520)  |  Additional space needed:
---|---
__ Theatre Apron  
(in front of main Curtain only) |  
__ Theatre Full Stage |  
__ Foyer/Lobby |  
__ Box Office |  

Are you selling concessions?  Yes___ No___ If yes, please describe________________________

Are you serving food?  Yes___ No___ If yes, please describe________________________

Are you selling tickets? Yes___ No___ If yes, how much will you charge? __________________________

Are you charging attendees a fee? Yes___ No___ If yes, how much will you charge? __________________________

Are you anticipating Special Traffic/Parking Needs?  Yes___ No___
(If yes, check all that apply): ___ Reserve Parking Spaces # ______
___ Reserve Parking Lot # ______
___ Suspend Parking Regulations (except at metered lots)
___ Directing Traffic Flow

TECHNICAL REQUIREMENTS NEEDED:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Lighting</th>
<th>Sound</th>
<th>Audio Visual</th>
</tr>
</thead>
<tbody>
<tr>
<td>_Main Curtain</td>
<td>_Basic House Plot-- Includes areas and some specials</td>
<td>_Microphones How Many?</td>
<td>_DVD Projection</td>
</tr>
<tr>
<td>_Black Masking</td>
<td>_Additional specials</td>
<td>_CD Playback</td>
<td>_VHS Projection</td>
</tr>
<tr>
<td>_Cyc</td>
<td>_Additional Color</td>
<td>_MD Playback</td>
<td>_Computer Projection</td>
</tr>
<tr>
<td>_⅓ Stage Traveller</td>
<td>_Special focusing</td>
<td>_Cass Playback</td>
<td>_35mm Projection</td>
</tr>
<tr>
<td>_Fly system (drops etc.)</td>
<td>_Spotlight</td>
<td>_Monitor speakers</td>
<td>_video feed to backstage</td>
</tr>
<tr>
<td>_Scenery on stage</td>
<td>_Patterns</td>
<td>_Audio feed</td>
<td></td>
</tr>
<tr>
<td>_Podium</td>
<td></td>
<td>_Backstage monitors</td>
<td></td>
</tr>
<tr>
<td>_Portable risers (3’X8’) How many?</td>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>_Chairs how many?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>_Tables (30’X6’) How Many?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>_Acoustical Shells</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>_Music Stands</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Requestor’s Signature ___________________________________________ Date ______________

Please send completed application to the attention to Mike Walsh at Cañada College Theatre 4200 Farm Hill Blvd. Redwood City CA 94061, or Fax to: 650-306-3224

We will contact you with availability information and an estimate

Application must be received 45 days prior to the date of use.
# Cañada College Theatre Rates

<table>
<thead>
<tr>
<th>Facility</th>
<th>Seating</th>
<th>Group I</th>
<th>Group II</th>
<th>Group III</th>
<th>Group IV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Civic Center Groups Collecting no fees</td>
<td>Non-Profit Organizations Collecting no fees</td>
<td>For profit and Religious Organizations Collecting no fees</td>
<td>All groups Collecting Fees</td>
</tr>
<tr>
<td>Main Theatre</td>
<td>516</td>
<td>No Rental Fee</td>
<td>$75 / hour</td>
<td>$100 / hour</td>
<td>If fees are collected, Use group rate plus 10% of net proceeds</td>
</tr>
<tr>
<td>Foyer only</td>
<td></td>
<td>No Rental Fee</td>
<td>$30 / hour</td>
<td>$40 / hour</td>
<td></td>
</tr>
<tr>
<td>Additional classrooms</td>
<td></td>
<td>No Rental Fee</td>
<td>$20 / hour</td>
<td>$30 / hour</td>
<td></td>
</tr>
<tr>
<td>Rooms 3-142 &amp; 3-148</td>
<td></td>
<td>$30 / hour</td>
<td>$45 / hour</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Labor
A minimum of one theatre technician is required for all events.
Custodial service is required on events of over 100 people or if food of any kind is served.
Security officer may be required in some cases.

### Labor Rates
- Theatre Manager / Lead Technician $47 / hour
- Additional technicians $39 / hour—4 hour minimum
  - Technician’s time includes all set-up and clean-up
  - Hours over 7.5 charged at time and 1/2
- Custodians $52 / hour—2 hour minimum
- Security $50 / hour—2 hour minimum

### Equipment
- Main Theatre rentals include:
  - Black masking, Main Drape, projection screen and full rigging.
  - Basic house Light plot and Expression console
  - 16 channel sound Mixer with playback and public address capability

Technicians are required for all Theatre rentals. Equipment is not included in facility rental fees. All rental contracts must employ union custodial crew provided by the district. Security fees will apply as well.

Application must be received 45 days prior to the date of use.
Additional dates and times of use

Date 4: ______________  □ Set-up  □ Rehearsal  □ Performance/Event
Arrival Time: ______________ A.M. or P.M.  Time Event Begins: ______________ A.M. or P.M.
Time Event Ends: ____________ A.M. or P.M.  Time of Departure: ____________ A.M. or P.M.
Total Hours: ______

Date 5: ______________  □ Set-up  □ Rehearsal  □ Performance/Event
Arrival Time: ______________ A.M. or P.M.  Time Event Begins: ______________ A.M. or P.M.
Time Event Ends: ____________ A.M. or P.M.  Time of Departure: ____________ A.M. or P.M.
Total Hours: ______

Date 6: ______________  □ Set-up  □ Rehearsal  □ Performance/Event
Arrival Time: ______________ A.M. or P.M.  Time Event Begins: ______________ A.M. or P.M.
Time Event Ends: ____________ A.M. or P.M.  Time of Departure: ____________ A.M. or P.M.
Total Hours: ______

Date 7: ______________  □ Set-up  □ Rehearsal  □ Performance/Event
Arrival Time: ______________ A.M. or P.M.  Time Event Begins: ______________ A.M. or P.M.
Time Event Ends: ____________ A.M. or P.M.  Time of Departure: ____________ A.M. or P.M.
Total Hours: ______

Date 8: ______________  □ Set-up  □ Rehearsal  □ Performance/Event
Arrival Time: ______________ A.M. or P.M.  Time Event Begins: ______________ A.M. or P.M.
Time Event Ends: ____________ A.M. or P.M.  Time of Departure: ____________ A.M. or P.M.
Total Hours: ______

Date 9: ______________  □ Set-up  □ Rehearsal  □ Performance/Event
Arrival Time: ______________ A.M. or P.M.  Time Event Begins: ______________ A.M. or P.M.
Time Event Ends: ____________ A.M. or P.M.  Time of Departure: ____________ A.M. or P.M.
Total Hours: _______