

**REQUEST FOR USE OF CTSA SPACES**

**Claire Trevor School of the Arts  
University of California, Irvine  
MAB 218  
Irvine, CA 92697-2775**

Thank you for your interest in holding your upcoming event at the Claire Trevor School of the Arts, University of California, Irvine. Please fill out and return this request to the School. We will respond to your request as quickly as possible. Completion of this application shall not confirm acceptance of your event by the University.

Individual       Organization      (Please check one)

**Name of Individual  
or Organization:** \_\_\_\_\_

**If Organization,  
Name of Representative:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**Is your organization UCI campus-approved?**     Yes?       No?      (Please check one)

**Is your organization**     Profit?      or     Non Profit?      (Please check one)

**If Non-Profit, please provide the following for verification purposes:**

- Copy of Organization's W9 form
- Copy of IRS Determination Letter
- Proof of 50(c)(3) status (IRS form)

**What type of event are you planning? Please check all that apply.**

Performance     Conference     Film       Lecture       Meeting       Reception

Outdoor Event     Other (please describe): \_\_\_\_\_

**What space/theatre are you requesting? (Please circle one or more)**

Claire Trevor Theatre     Winifred Smith Hall     Little Theatre     Robert Cohen Theatre

PSTU 1100       PSTU 1130       PSTU 1140       DS 120

DS 128       Studio 4       Studio 5       AITRC 196

MM 220A       Amphitheater       Outdoor Plaza       Contemporary Arts Center 3100A

TV Studio       Art Studio 260       Art Studio 265       xMPL

Contemporary Arts Center Motion Capture Studio

Title of proposed event: \_\_\_\_\_

Proposed Date(s) of Event: \_\_\_\_\_ Times: \_\_\_\_\_

Intent/Purpose of Program: \_\_\_\_\_

Type of Expected Audience: \_\_\_\_\_ Expected Attendance: \_\_\_\_\_

Will you be charging any type of admission or registration fee? Yes  No  If yes, how much? \_\_\_\_\_

Is this a fund raising event? Yes  No  If yes, funds will be applied to: \_\_\_\_\_

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**Equipment:** For equipment, please include how many of each you will need.

Chairs \_\_\_\_\_ Stands \_\_\_\_\_ Tables \_\_\_\_\_

Risers \_\_\_\_\_ Projector \_\_\_\_\_ Dance Floor Yes \_\_\_\_\_ No \_\_\_\_\_

Piano: Do you need one and do you need it tuned? Yes \_\_\_\_\_ No \_\_\_\_\_

Microphone: Wired: Yes (How many?) \_\_\_\_\_ No \_\_\_\_\_

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**Labor:** Please put a check next to each type of crew that you will need.

**House Manager is required.**

Stage Manager: Yes \_\_\_\_\_ No \_\_\_\_\_

Lighting Designer: Yes \_\_\_\_\_ No \_\_\_\_\_

Sound Operator: Yes \_\_\_\_\_ No \_\_\_\_\_

Follow Spot Operator: Yes \_\_\_\_\_ No \_\_\_\_\_

**We will assign other additional crew per discussion with client and based off needs of the particular event, in order to properly staff your event.**

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**Notes:**

- Parking permits are required seven days a week. The fee is \$10.00 per vehicle.
- It is the policy of the University of California for any Non-University organization who uses its facilities to name UC REGENTS as additional insurance insured on their existing insurance policy for ONE MILLION DOLLARS for the date(s) of their event. UC Regents must also be named a certificate holder. If you have any questions regarding this policy, please do not hesitate to call the Production Office.
- If applicable, by signing below, the Applicant, on behalf of the Organization, verifies that he or she has received and read, and the Organization will comply with, the attached UC Irvine *Noncommercial Fund Raising by Off-Campus Organizations* and the Claire Trevor School of the Arts *Policy and Guidelines for Use of CTSA Spaces*.

\_\_\_\_\_  
Signature of Individual or Representative

\_\_\_\_\_  
Date

Claire Trevor School of the Arts Use Only	Oversight Unit: _____
Not Approved/Approved (Circle one)	Staff Member: _____ Date: _____
If Denied, State Reason: _____	
Location Scheduled: _____	