

AAACC
Theatre Rental Application
 Buriel Clay Theatre 762 Fulton Street San Francisco, CA 94102

Applicant Name: _____
 Applicant Organization: _____
 Address: _____
 Telephone Number: () _____ Fax Number: () _____
 Email Address: _____ Website: _____

Follow Up Calls:
 2wks/1wk Prior
 Date _____ By _____
 Changes? _____
 Date _____ By _____
 Changes? _____

Additional Contact Person (s) _____ Phone Number () _____
 Additional Contact Person (s) _____ Phone Number () _____

Stage Load-In Date/Time _____	Stage Load Out Date/Time _____
Rehearsal Start Date _____	Production Opening Date _____
Production Run Days of the Week <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su Run Dates From _____ To _____	
Total Number of Shows _____	Total Number of Rehearsals _____
Rehearsal Dates: _____	
Rehearsal Start Time _____	End Time _____ Show Start Time _____
End Time _____	
Publicized Name of Event _____	
Event Description _____	
Public or Private? _____	
Admission Charged? _____ If 'Yes' How Much? _____	
Food Served or Sold? _____ Alcohol Served or Sold? _____	

Please Check All That Apply:

Theatre Usage	Type of Event	Special Needs/Equipment
<input type="checkbox"/> Theatre	<input type="checkbox"/> Drama or Musical	<input type="checkbox"/> Stage Lighting
<input type="checkbox"/> Dressing Rooms	<input type="checkbox"/> Dance	<input type="checkbox"/> Public Address System
<input type="checkbox"/> Green Room	<input type="checkbox"/> Conference	<input type="checkbox"/> Mics, Stands, Cables _____
<input type="checkbox"/> Theatre Technician	<input type="checkbox"/> Seminar	<input type="checkbox"/> CD Player
<input type="checkbox"/> Workshop Area	<input type="checkbox"/> Concert	<input type="checkbox"/> DVD Player
<input type="checkbox"/> Control Booth	<input type="checkbox"/> Multi Media	<input type="checkbox"/> Projector
<input type="checkbox"/> Stage	<input type="checkbox"/> Fashion Show	<input type="checkbox"/> Recording Equipment
<input type="checkbox"/> Stage Manager	<input type="checkbox"/> Film Screening	<input type="checkbox"/> Screen
<input type="checkbox"/> Lobby Use	<input type="checkbox"/> Other _____	

Type of Organization

<input type="checkbox"/> Cultural/Artistic	<input type="checkbox"/> Educational	<input type="checkbox"/> Religious	<input type="checkbox"/> Non-profit
<input type="checkbox"/> Government/Public Agency	<input type="checkbox"/> Corporate	<input type="checkbox"/> Political	
<input type="checkbox"/> Ethnic _____			

Target Audience

<input type="checkbox"/> Children	<input type="checkbox"/> Young Adults	<input type="checkbox"/> Adults	<input type="checkbox"/> Senior Citizens
<input type="checkbox"/> Family	<input type="checkbox"/> Neighborhood	<input type="checkbox"/> City Wide	<input type="checkbox"/> Bay Area
<input type="checkbox"/> Other _____		<input type="checkbox"/> Government	
<input type="checkbox"/> Expected Number of Attendees _____			

Completed By:

Printed Name

Date