

# CALARTS FACILITIES EVENT/PERFORMANCE FORM

revised 3/19  
Institute Scheduler  
661-253-7717

This form is mandatory for all events and performances on the CalArts campus. The completed form must be submitted to the Institute Scheduler (located in the Mailroom Service Center) at least **7 BUSINESS DAYS PRIOR** (14 days if publicity is needed by the Office of Communications) to the date of the event. Space is approved on a first-come, first-served basis. If you are planning a reception, you must **COMPLETE THE RECEPTION REQUEST**. Only events and performances held in conjunction with Office/School projects will be considered.

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

Person(s) in charge: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ CalArts Box# \_\_\_\_\_

Event date(s): \_\_\_\_\_ Event time range: \_\_\_\_\_

Reception date: \_\_\_\_\_ Reception time range: \_\_\_\_\_

## (COMPLETE THE RECEPTION REQUEST)

Location requested: \_\_\_\_\_

Location approved by (Administrator): \_\_\_\_\_

Group Performance? ☐ Yes ☐ No Estimate number of attendees: \_\_\_\_\_

Description of event: \_\_\_\_\_

OFFICE/SCHOOL RESPONSIBLE FOR EVENT: \_\_\_\_\_

APPROVAL SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
ADMINISTRATOR

**Facilities Management:** Safety Regulations are available for each event and performance area. If you answer yes to either question, the Risk Management Administrator's signature is required. Please attach additional pages if necessary.

1. Will this event involve any effects (i.e. loud noises, loud amplified sound/music, incendiary devices, smoke machines, etc.) which might affect concurrent performances or members of the audience?

☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

2. Will this event include alterations to the space or building structure in any way (i.e. construction, sets, hanging items, etc.)?

☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
RISK MANAGEMENT ADMINISTRATOR

# CALARTS FACILITIES EVENT/PERFORMANCE FORM (CONT.)

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## Facilities Management (cont.):

Does this event involve a live band? ☐ Yes ☐ No

If YES, are the performers CalArts students? ☐ Yes ☐ No

IF YOU ANSWERED NO, THE ASSOCIATE VICE PRESIDENT/CHIEF OPERATING OFFICER MUST SIGN FOR APPROVAL.

First and Last names of non-student performers: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ASSOCIATE VICE PRESIDENT/CHIEF OPERATING OFFICER

**Office of Communications:** Deadline to submit this form is 14 days prior to your event if publicity is requested. Completing this form will automatically include your event in efforts by the Office of Communications to publicize the program through:

- Monitors in the main lobby
- Calendar of Events on the website
- Weekly Events email to subscribers

Do you want Communications to publicize? ☐ Yes ☐ No

PLEASE SEND ADDITIONAL PUBLICITY MATERIALS TO: [cots@calarts.edu](mailto:cots@calarts.edu)

**Student Affairs:** If this event is a fundraiser, you must meet with the Activities Coordinator to discuss terms and complete the STUDENT AFFAIRS FUNDRAISER FORM 14 DAYS PRIOR TO YOUR EVENT.

Is this event/performance a fundraiser? ☐ Yes ☐ No

IF YES, THE ASSOCIATE VICE PRESIDENT/CHIEF OPERATING OFFICER MUST SIGN HERE FOR APPROVAL.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ASSOCIATE VICE PRESIDENT/CHIEF OPERATING OFFICER

*I verify the above statements to be true to the best of my knowledge. I understand that it is my responsibility to ensure the safety of participants and audience alike, to follow Institute policies and to respect concurrent events. Any damages to Institute property as a result of this event will also be my responsibility.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PERSON IN CHARGE

For Institute Scheduler:

This event has been placed in the Institute Calendar of Events: \_\_\_\_\_

Distribution:

- |  |  |
|--|--|
| <input type="radio"/> OFFICE OF COMMUNICATIONS | <input type="radio"/> CAMPUS SAFETY    |
| <input type="radio"/> SCHOOL/OFFICE            | <input type="radio"/> PERSON IN CHARGE |