

# CALARTS FACILITIES EVENT/PERFORMANCE FORM

revised 03/2024  
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 Director, Security and Risk managements 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 V.P. OF OPERATIONS AND FACILITIES, CHIEF OPERATING OFFICER MUST SIGN FOR APPROVAL.**

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

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

V.P. OF OPERATIONS AND FACILITIES, 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:

- Event Calendar on the website
- Weekly Events email to subscribers

Do you want Communications to publicize?  Yes  No

PLEASE SEND ADDITIONAL PUBLICITY MATERIALS TO: <https://forms.gle/VfpViH8T6bojz34UA> or [cots@calarts.edu](mailto:cots@calarts.edu)

**Student Experience:** If this event is a fundraiser, you must meet with the Assistant Director of Campus Life to discuss terms and complete the **STUDENT EXPERIENCE FUNDRAISER FORM 14 DAYS PRIOR TO YOUR EVENT.**

Is this event/performance a fundraiser?  Yes  No

**IF YES, THE VICE PRESIDENT AND CHIEF ADVANCEMENT OFFICER MUST SIGN HERE FOR APPROVAL.**

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

VICE PRESIDENT AND CHIEF ADVANCEMENT 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:  OFFICE OF COMMUNICATIONS  CAMPUS SAFETY  
 SCHOOL/OFFICE  PERSON IN CHARGE

# EVENT AND PERFORMANCE CHECKLIST INSTRUCTIONS

Form must be completed and submitted to the Institute Schedulers **at least** 7 business days prior to the requested event.

Once you have completed the form, please email it to your school's authorized approver for school and location approval (if requested location is not overseen by your school, the Institute Schedulers will assist with location approval). Once the form is approved, signed and returned to you by your school please email it to the Institute Schedulers at [gthomas@calarts.edu](mailto:gthomas@calarts.edu) **AND** [lundstrm@calarts.edu](mailto:lundstrm@calarts.edu).

**Music School Students** – you must get pre-approval from Bob Clendenen prior to completing and submitting the Event and Performance form.

**\*\*Please keep in mind that some follow up information and discussion may be needed prior to event final approval.**

## **AUTHORIZED APPROVERS:**

### **ART**

Abra Conn / [aconn@calarts.edu](mailto:aconn@calarts.edu) (galleries and other requests)

### **CHARACTER ANIMATION**

Jennifer Jeremich-Even / [jjeremich@calarts.edu](mailto:jjeremich@calarts.edu)

### **CRITICAL STUDIES**

Alecia Menzano / [amenzano@calarts.edu](mailto:amenzano@calarts.edu)

### **DANCE**

Matt Lemp / [mlemp@calarts.edu](mailto:mlemp@calarts.edu)

### **FILM/VIDEO**

Justin Hogan / [justinhogan@calarts.edu](mailto:justinhogan@calarts.edu) (film shoots)

Solly Benzacar / [sbenzacar@calarts.edu](mailto:sbenzacar@calarts.edu) (room reservations)

### **MUSIC**

Bob Clendenen / [clenden@calarts.edu](mailto:clenden@calarts.edu)

### **STUDENT EXPERIENCE**

Christina Dailey / [cdailey@calarts.edu](mailto:cdailey@calarts.edu)

Tyler Sanders / [tsanders@calarts.edu](mailto:tsanders@calarts.edu)

Cheyenne Knehans / [cknehans@calarts.edu](mailto:cknehans@calarts.edu)

### **THEATER**

Westley Garcia-Encines / [wgarciaencines@calarts.edu](mailto:wgarciaencines@calarts.edu)

Paul Turbiak / [pturbiak@calarts.edu](mailto:pturbiak@calarts.edu)