

California State University, San Bernardino
Palm Desert Campus
Indian Wells Theater
Theater Rental Questionnaire

Contact Name _____ Cell phone _____

Contact email _____ Alternate phone _____

Organization Name _____ Business Phone _____

Organization Type ____ Class I (Commercial) ____ Class II (501(c) 3) ____ Class III (University)

Billing Address _____

City _____ State _____ Zip _____

Secondary Contact Person _____ Phone Number _____

Name of your event _____

Will the event be open to the public? _____ What is the expected attendance? _____

What is you expected ticket price range? _____
Consider adding \$2.50 per ticket to cover the parking fee

What is the type of event (e.g. play, lecture, vocal concert, film showing, etc.) _____

How many people will be on stage? _____ Will you require use of our box office? _____

Please describe your event: _____

INDICATION OF NEEDS:

Date requested: _____ Alternate: _____

Theater opening time (when you need in): _____ Closing time (when you will be out): _____

Please indicate your needs:

- | | | |
|---|--|---|
| <input type="checkbox"/> House lights left on | <input type="checkbox"/> Work lights left on | <input type="checkbox"/> Stage lights left on |
| <input type="checkbox"/> House lights off and on during show | <input type="checkbox"/> Stage lights off and on during show | <input type="checkbox"/> Cued lights |
| <input type="checkbox"/> No more than 2 mics on stands (left on) | <input type="checkbox"/> Stand mics on and off | <input type="checkbox"/> Wireless mics |
| <input type="checkbox"/> Sound effect playback | <input type="checkbox"/> Hook into house sound | <input type="checkbox"/> Podium |
| <input type="checkbox"/> 1 or 2 spotlights (operators not provided) | <input type="checkbox"/> Movie screen | <input type="checkbox"/> Tables # _____ |
| <input type="checkbox"/> Folding Chairs # _____ | | |
| <input type="checkbox"/> Other: _____ | | |

Please attach any diagrams of your layout, promotional materials, and any additional needs.
For multi-day use we need your indication of needs for each day.

Return form to:

Tina Howe 760-341-2883 Extension 78105, or write to Tina at 37-500 Cook Street, Palm Desert, CA, 92211