Title of Event:

Theater/Room:

Name of Dept./Organization:

Date(s) requested:

Event Time(s): from_______to________

Setup/Rehearsal times:

*Please provide a detailed production schedule of your request on separate sheet.*

Producer and/or Lead Contact Name:

Tel:                                                           Tel:                                                Email:

**Type of Event:**

- Performance
- Dance
- Music Concert
- Lecture
- Video Screening
- Conference
- Reception
- Master Class
- Workshop
- Other:

*Please provide a short description of the event:*

Is this open to the public?

Estimated Attendance:

Participants:  

- ____ UCLA students only (UCLA ID req’d) 
- ____On campus attendees only 
- ____Open to the public 
- ____For invited or registered guests only 
- ____VIP, List name and title (elected official, dignitary, Chancellor, celebrity):

Other:

**Faculty Sponsor/Advisor/Liaison:**

Admission Costs? Ticket prices:

Promotion:

Will this be video taped or recorded?

List on UCLA Campus calendar?

Contact name and info to list on calendar:

Food?

If yes please list caterer and setup needs:

Merchandise Sales?

*Please use the space below to provide other pertinent information not listed above:*
Event Questionnaire

Page Two

Please provide blurb for website: (presented by...)

Please list all setup requirements: (tables, chairs, sound, a/v, computer or internet connection):

Studio/Room setup diagram:

NOTE

Receptions can only be held in designated spaces and may require special cleaning.

All public workshop and master class participants must sign a UCLA Waiver of Liability, Assumption of Risk, and Indemnity Agreement. All events that are videotaped and/or documented with still photography require a UCLA Film Permit. Waivers and permits available upon request. Please provide Tech Rider for events in theater spaces.

Applicant __________________________________________ Date

Received by ________________________________________ Date

Approved by ________________________________________ Date

Please return both pages of completed Questionnaire to:

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