

For Office Use Only:
Event # _____

REQUEST FOR USE

JAMES R. ARMSTRONG THEATRE
3330 CIVIC CENTER DRIVE, TORRANCE, CA 90503

Please print in ink or type

All spaces must be completed. If information is "To Be Decided" later, write "TBD" and initial. All "TBD" information must be clarified no later than 60 days before an event. You will receive appropriate exhibits to assist you in making your decisions.

1. Facility to be rented:

☒ Armstrong Theatre
☐ Theatre Lobby

☐ Entry Plaza

☐ Other _____

2. Applicant requesting use:

☐ Individual

☒ Organization

☐ Business

Name of Ind/Org/Bus: Palos Verdes High School Chorus

Contact Name: Kathleen Mastan

Telephone Number: (310) 378-8471 ext. 387

(Complete contact information must be provided in items 15 & 16 of this document)

If a non-profit organization, please specify:

☐ Resident, Non-profit

☒ Non-resident, Non-profit

Tax ID #: _____

3. Title of Event: Road Trip

4. Type of Activity: Dance Performance

5. Estimated # of people attending: 300 (per day or performance)

6. Use of Facility: Rehearsals

Date	Day	Arrival Time	Rehearsal Start	Rehearsal End	Departure Time
3/24/20	Tues.	9:00 am pm	10:00 am pm	8:00 am pm	9:00 am pm
		am pm	am pm	am pm	am pm

Performances

Date	Day	Cast Arrival	Performance Start	Performance End	Departure Time
3/25/20	Wed.	5:00 am pm	7:00 am pm	9:00 am pm	10:00 am pm
3/26/20	Thurs.	5:00 am pm	7:00 am pm	9:00 am pm	10:00 am pm
		am pm	am pm	am pm	am pm

7. TICKET INFORMATION:

Tickets are required for *all* Theatre events, and are printed by the Box Office only. Children, infants and toddlers must have a ticket to enter the Theatre, even when held by adults.

Complete ticket prices and information must be supplied to the Box Office Manager at least seven weeks prior to event - see form **Authorization to Print Tickets**.

Will admission be charged?:

☒ Yes

☐ No

Adults \$ 15 -

Children \$ 15 -

Seniors/Students \$ 15 -

8. FOOD AND BEVERAGE/RECEPTIONS:

Users are permitted to sell food and beverages at the concession stand in the Theatre lobby upon authorization by the Theatre Booking Manager.

If you are planning to hold a reception for attendees, please indicate location:

☐ Theatre Lobby

☐ Entry Plaza

☐ Other _____

Will the reception involve: ☐ Food

☐ Beverages

☐ Alcohol

9. LIGHTING:

Does event involve the use of any lighting source other than electricity (candles, lanterns, flashpots, combustible fuel, etc)? ☐ Yes ☒ No

Please specify: _____

10. PIANO TUNING:

Pianos are tuned on a per request basis at a fee of \$150.00 per piano.

Will piano tuning be required for this event? ☐ Yes

☒ No

Type of piano(s) to be tuned:

☐ 6 ft.

☐ 9 ft.

11. LIABILITY INSURANCE:

Liability Insurance is *mandatory* for all events held at the Armstrong Theatre. Please select one of the following:

☐ We request to be added to the City of Torrance insurance policy, if available, and pay the necessary fee (based on the classification of your event and the total number of people/performers in attendance). We understand that if our request is denied, we must provide our own insurance.

☒ We will supply our own insurance coverage, through our policy, which must meet the standards required by the City of Torrance. Please see attached **Policy on Submission of Endorsement of Additional Insured**.

12. PRODUCT MERCHANDISING:

A percentage of all charges for merchandise products sold in the Theatre is assigned to the City of Torrance. Are you applying to sell items? ☐ Yes ☒ No

13. PROMOTIONAL ASSISTANCE:

Do you wish to be listed in our event calendars distributed to the public and the media?

☒ Yes ☐ No

If "Yes", please complete and return the enclosed Exhibit B-9: **Public Relations and Promotional Assistance for Cultural Arts Center Users.**

Publicity Contact:

Name: Kathleen Mastan Phone Number: (310) 378-8471 ext. 387

14. MISCELLANEOUS:

Will you be using video equipment on a tripod to record any performance/event?

☒ Yes ☐ No Performance/Event Date: 3/24 & 3/26

Will you require use of the Theatre Scene Shop at any time? ☐ Yes ☒ No

Date(s): _____ Time(s): _____

15. CONTACT INFORMATION:

Representative: Kathleen Mastan

Work Phone: (310) 378-8471 ext. 387 Home Phone: (____) _____

Fax Number: (____) _____ E-Mail: mastank@pvpsd.net

Address: 600 Croyden Rd.

City: PUE State: CA Zip: 90277

16. INDIVIDUAL DESIGNATED TO RECEIVE BILLING (Must be completed):

Name: ~~Kathleen~~ Kathleen Mastan

Work Phone: (310) 378-8471 ext. 387 Home Phone: (____) _____

Fax Number: (____) _____ E-Mail: mastank@pvpsd.net

Address: 600 Croyden Rd.

City: PUE State: CA Zip: 90277

17. REQUEST FOR USE PROCESSING GUIDELINES:

This Request For Use will be reviewed by the Theatre Booking Manager. After a review of the information, you will be given the guidelines which are appropriate for your event. You will also receive an invoice of estimated charges, including ticket printing fees and required labor deposit.

Use of the Armstrong Theatre cannot be confirmed until the agreement has been signed and returned, and the required deposit has been paid. The deposit check must be accompanied by a photocopy of a valid driver's license and/or a copy of a current utility bill from the individual whose signature appears on item 20 of this Request for Use. Please make check payable to: **City of Torrance**.

18. PAYMENT OF ESTIMATED CHARGES:

All prices are subject to change based on the annual Consumer Price Index, which may affect the final amount due depending on the date of your event. **The balance of estimated charges, including rent and labor fees, must be paid no later than one month prior to event date.**

19. CHANGES AND CANCELLATIONS:

Any changes to this Request for Use, including the addition or cancellation of the serving of alcohol, must be arranged with the Theatre Booking Manager no later than 30 days prior to the event date.

All event cancellations must be made in writing. Cancellation fees are applicable once this Request for Use and/or deposit have been submitted to the TCAC. Cancellations made up to 90 days prior to rental date are subject to a processing fee of \$75.00. Cancellations made less than 90 days prior to rental date will not receive any refund of deposit, regardless of when the event was initially booked.

For additional information or questions, call (310) 781 - 7150.

***Please initial showing that you have read and understand our cancellation policy.** KPM

20. USER AGREEMENT:

I (the undersigned) have read, and agree to comply with the contents of this Request for Use.

Signature _____

Print Name _____

Date _____

Rev: 12/15