

**THEATER USE FORM**  
For TEMS and Community Events  
(After 3PM Mon – Fri and Weekends)

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Describe event that will take place: \_\_\_\_\_

\_\_\_\_\_

Date(s) and time(s) of theater use: \_\_\_\_\_

\_\_\_\_\_

Rehearsal date and time(s) if needed: \_\_\_\_\_

\_\_\_\_\_

**EQUIPMENT USE**

**AUDITORIUM LIGHTING:**

\_\_\_ GENERAL HOUSE LIGHTS (NO TECHNICIAN REQUIRED)

\_\_\_ STAGE LIGHTING (PAID LIGHTING TECHNICIAN REQUIRED) \*

**SOUND EQUIPMENT:**

\_\_\_ PODIUM MICROPHONE AND LECTURN (NO TECHICIAN REQUIRED)

\_\_\_ MICROPHONES THROUGH SOUND SYSTEM (PAID SOUND TECHNICIAN  
REQUIRED) \*\*

TWO (2) MICROPHONES WILL BE PROVIDED-ADDITIONAL MICROPHONES ARE  
AVAILABLE AT A COST OF \$10 EACH.

\_\_\_ ADDITIONAL MICROPHONES NEEDED-HOW MANY \_\_\_\_\_ \*\*\*

\_\_\_ MONITOR SPEAKERS (2)

\_\_\_ CD PLAYER NEEDED

\_\_\_ HANGING STAGE MICS- ON/OFF (circle one) (PAID TECHNICIAN REQUIRED)

**PLEASE CHECK OTHER ITEMS THAT YOUR GROUP :**

\_\_\_ ELECTRIC PIANO (\$50)

\_\_\_ PERSONAL HEARING DEVICES FOR HEARING IMPAIRED

\_\_\_ CHORAL RISERS - HOW MANY? \_\_\_\_\_ (PAID TECHICIAN REQUIRED)

\_\_\_ MUSIC STANDS - HOW MANY? \_\_\_\_\_ (PAID TECHICIAN REQUIRED)

\_\_\_ MUSIC CHAIRS - HOW MANY? \_\_\_\_\_ (PAID TECHICIAN REQUIRED)

**\*The lighting technician works a 4 hour minimum using simple lighting cues, no color. This technician does not assist with sound. If assistance is needed for rehearsal or a meeting is necessary, there will be a fee for the time worked by this technician.**

**\*\*The sound technician works a 4 hour minimum. This technician does not assist with lights. If assistance is needed for a rehearsal or a meeting is necessary, there will be a fee for the time worked by this technician.**

**\*\*\*10 microphone limit**

**NO USE OF EQUIPMENT IS ALLOWED WITHOUT ONE OF OUR TECHNICIANS PRESENT AT YOUR EVENT. THIS FORM MUST BE FILLED OUT AND RETURNED WITH YOUR APPLICATION.**

YOUR REQUEST HAS BEEN: *APPROVED*    *DENIED*

*SOUND TECHNICIAN ASSIGNED:* \_\_\_\_\_

*LIGHT TECHNICIAN ASSIGNED:* \_\_\_\_\_

MUSIC DEPARTMENT APPROVAL FOR EQUIPMENT REQUESTED FOR EVENT:

\_\_\_\_\_

I, \_\_\_\_\_, have read and agreed to the terms listed on this document. I understand that my event could require two technicians-one for sound and one for lighting which constitutes an hourly fee for each technician for a minimum of 4 hours each and there will be a fee for rehearsal time if technical assistance is requested.

Date \_\_\_\_\_