Undergraduate Production

Production Application - Off Broadway Theater and Co-op High School Theater

Use this form only if not applying for CPA funding – space application is integrated into the CPA application. Applications will be reviewed with consideration given to the overall size, scale, and production requirements. Attention will be paid to previous production experience of the Production Team and/or Sponsoring Organization and preference will be given to complete applications of the highest quality and to performances that are appropriate for the space. Before submitting this application, please review the <u>Undergraduate Production Regulations</u>.

Dance

3rd choice

Improv

Co-op High School Theater

Notes

Other

Theater

Off Broadway Theater

2nd choice

Name of Event:

Venue (select one):

Preferred Dates and Times:

Type of event (select all that apply)

Estimated Length of Event (Run Time):

1st choice

| remoninance | | | | | |
|-----------------------|--------------------------|---------------------|--------------------|-------------------------------|-------------|
| Dates, Times | | | | | |
| Load In Date | | | | | |
| Strike Date | | | | | |
| OBT residencies run f | rom Sun morning t | to Sat night. Co-or | residencies begin | Thurs or Fri afternoon and | end Sat |
| night. | 8 | 8 | 8 | | |
| | | | | | |
| | ease fill in all that ap | oply. Registered ur | ndergraduate orgar | nizations please provide info | rmation for |
| officers. | | | | | |
| p. 1 | | | 11 | *1 | G 11 |
| Role | Name | C | ell e-i | mail | College |
| Producer | | | | | |
| Director | | | | | |
| Set Designer | | | | | |
| Technical Director | | | | | |
| Light Designer | | | | | |
| Master Electrician | | | | | |
| Costume Designer | | | | | |
| Sound Designer | | | | | |
| Props Master | | | | | |
| | | | | | |
| | | | | | |
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| <u> </u> | e include your team's ideas about any scenic, lighting, costume, and sound design ge configuration. If appropriate, please submit a ground plan, sketches, and/or |
|---|--|
| Venue Please explain why your event an | d your production team would be a good fit for your requested venue. |
| Staged Fights/Stage Weapons Do you anticipate any staged com | abat or stage weapons (including props) being used in your production? |
| Yes | No |
| · · | ombat/Stage Weapons Request Form to the best of your ability and submit it to st six weeks prior to your first performance. |
| Non Enrolled Students Are all of the participants in this J | project currently enrolled in Yale College? |
| Yes | No |
| Please be aware that additional re | strictions pertain to non-students and to on-leave or withdrawn students. |
| Other Special Hazards, If Any | |
| <u> </u> | of the OBT is 195. The maximum audience capacity for the Co-op is 300. 50 audience seats and an additional usher for every 50 seats thereafter. |

Number of Seats

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Number of ushers

A fully signed version of this form must be on file with UP no later than two weeks prior to the start of your load in. This completed form and a completed fire drill log must be posted backstage on the main bulletin board during each production.

Statement of Responsibility

"I have read, understand, and will follow the <u>Undergraduate Production Regulations</u>, to the best of my ability. I will seek advice and permission in advance as warranted. I may be held personally and financially responsible for this event. I understand that application approval is contingent on our securing the necessary funding for this event and is specific to this producer/director team."

Production Staff

| Signature of Producer | Date | | | |
|--|----------------------------------|--|--|--|
| | | | | |
| Signature of Director | Date | | | |
| | | | | |
| | | | | |
| Registered Undergraduate O | rganization Staff, if applicable | | | |
| Signature of President | Date | | | |
| | | | | |
| Signature of Treasurer | Date | | | |
| | | | | |
| | | | | |
| Production | n Approvals | | | |
| Dates and times listed on page one approved by venue | | | | |
| Signature of Venue Manager | Date | | | |
| Application approved by Undergraduate Production | | | | |
| IIP Signature | Date | | | |

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