



LEEWARD THEATRE - Campus Use Inquiry
For Leeward Community College Departmental Use Only

FOR THEATRE OFFICE USE ONLY

Date application received: _____

Approved: Y N

Requesting Department: _____

Contact Name: _____

Title: _____

Office Phone: _____

Cell Phone: _____

Email: _____

Have you used Leeward Theatre in the past? YES NO

Event name (as advertised): _____

Description: _____

Number of performers: _____

Estimated audience size: _____

Open to the public? YES

NO

Type of activity:

Live Music

Dance

Drama / Theatre

Seminar / Presentation / Meeting

Competition / Pageant

Other: _____

Dates & Times Requested (use another sheet if necessary):

| DATE | ACTIVITY (performance, rehearsal, setup, tech) | ARRIVAL TIME | EVENT START TIME | EVENT END TIME | DEPARTURE TIME |
|------|---|--------------|------------------|----------------|----------------|
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Are you interested in alternate dates if those listed are not available? YES NO

Facilities: (check all spaces requested)

Mainstage Theatre and Lobby

Green Room

Lab Theatre (not to be used as a performance space)

Large Dance Studio (no shoes allowed)

Dressing Rooms

Small Dance Studio

Please list all technical requirements: _____

Rental Procedure:

Leeward Theatre will review your request and contact you to discuss availability. You must then schedule a production meeting with our staff. Additional labor costs may be charged to the department.

Department Chairperson: _____

Authorized Signature: _____

Date: _____