

## STUDENT CLASS PROJECT

| STUDENT CLASS PROJECT PROPOSAL and REQUEST FORM Form ALP-11.                                                                                                               |                              |                                 |                        |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------|------------------------|--|--|--|--|
| California State University, Los Angel                                                                                                                                     | es                           | date received:                  |                        |  |  |  |  |
| College of Arts and Letters – A&L Pro                                                                                                                                      | oductions                    | uctions received by:            |                        |  |  |  |  |
| Project Title                                                                                                                                                              | Projec                       | t Author                        |                        |  |  |  |  |
| Course Name and Number                                                                                                                                                     |                              |                                 |                        |  |  |  |  |
| Student Name                                                                                                                                                               |                              |                                 |                        |  |  |  |  |
| Address_                                                                                                                                                                   |                              |                                 |                        |  |  |  |  |
| City                                                                                                                                                                       | State                        | Zip Code                        |                        |  |  |  |  |
| PhoneFAX_                                                                                                                                                                  |                              | Cell Phone                      |                        |  |  |  |  |
| Email Grade:                                                                                                                                                               | ☐ Junior ☐ Se                | nior                            | ☐ Other:               |  |  |  |  |
| ☐ Acting Scene/Monologue ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐                                                                                                              | Class Presentation   Meeting | Rehearsal □ W<br>Filming † □ On | orkshop □ Reading ther |  |  |  |  |
| ☐ Choir Room (MUS 149) ☐ Band Room (                                                                                                                                       | ☐ Arena Thea                 | tre (MUS 101)                   | KH 5105                |  |  |  |  |
| † FOR STUDENT FILM LOCATION REQU. Have you submitted a student film application the If so, has your request been approved by Public A Please attach a copy of your permit. | rough CSULA Office of        | Public Affairs?                 | es 🗆 No                |  |  |  |  |
| Student Signature                                                                                                                                                          |                              | PAFC Hold                       | A&L TD Review          |  |  |  |  |
| Instructor/Faculty Adviser Approval                                                                                                                                        | Date                         | A&L Dean Appro                  | val (when required)    |  |  |  |  |
| Department/Program Chair Approval                                                                                                                                          | Date                         | Account Number                  | (if applicable)        |  |  |  |  |

\*\*\* Please submit this form <u>at least 3 weeks prior to your activity</u> to the A&L Productions in the Theatre Arts building, TA 204. Alternately mail, email, fax or DocuSign this application with any supporting documents to:

California State University, Los Angeles College of Arts and Letters – A&L Productions 5151 State University Drive – TA 204, CA 90032 Phone 323-343-4133 FAX 323-343-5565

Email: epietrzak@calstatela.edu, pts@calstatela.edu

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END TIME

ACTIVITY

## STUDENT CLASS PROJECT

Please list the *first*, *second and third* choice of dates that you are requesting for your event:

DATE

| FIRST Choice                                                       |                  |                                   |             |                |                    |          |                  |            |
|--------------------------------------------------------------------|------------------|-----------------------------------|-------------|----------------|--------------------|----------|------------------|------------|
| SECOND Choice                                                      |                  |                                   |             |                |                    |          |                  |            |
| THIRD Choice                                                       |                  |                                   |             |                |                    |          |                  |            |
| List any additional rehearsal/performan                            | dates/times, inc | cluding all reho                  | earsals and | l access tin   | mes prior to       | the even | t. Please attach | a complete |
| How many people are<br>How many audience i                         | in your compa    | any (performer<br>u expect to att | rs, crew an | d support      | staff)?            |          |                  |            |
| Vill you be holding a                                              | reception outs   |                                   |             | □Yes<br>□ post | ☐ No -event recept | tion     |                  |            |
| Vill there be food/dri<br>f so, please describe                    |                  |                                   |             |                |                    |          | ]Yes □ No        |            |
| Will you be selling tic                                            | kets? [          | ☐ Yes ☐ No                        | o If yes,   | ticket pric    | es:                |          |                  |            |
| lease describe ALL cenery, sets, furniture                         |                  |                                   |             |                |                    |          |                  | struments, |
|                                                                    |                  |                                   |             |                |                    |          |                  |            |
|                                                                    |                  |                                   |             |                |                    |          |                  |            |
|                                                                    |                  |                                   |             |                |                    |          |                  |            |
| Complete rehearsal s<br>Complete production<br>You may attach a co | n schedule atta  | ached? 🗆 Yo                       | es 🗆 No     |                | Rider? □           | Yes □    | ] No             |            |
| Vhat scenery elemen                                                | -                | _                                 |             |                |                    | (Subject | t to approval of | ^A&L TD):  |
|                                                                    |                  |                                   |             |                |                    |          |                  |            |
|                                                                    |                  | Stage, set and s                  | setup floor | plans atta     | ched?:             | Yes [    | ] No             |            |

ARRIVAL TIME

SHOWTIME

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| What kinds of costume needs do you anticipate needing to build, create, or borrow? (Subject to approval of A&L TD):                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                           |
| List all furniture and property items you expect to use. (Subject to approval of A&L TD):                                                                                                 |
| Will you need to use stage lighting? ☐ Yes ☐ No Describe your lighting needs beyond a worklight or a concert wash. (Subject to approval of A&L TD):                                       |
| Will you need to use the house sound system? ☐ Yes ☐ No Describe your audio needs (CD playback, microphones, monitors, music stands, iPod hookup, etc).  (Subject to approval of A&L TD): |
| Will you need dressing rooms?   Yes  No If so, describe your dressing room needs:                                                                                                         |
| Is open flame (candles, cigarettes, cigars, prop guns) a part of your event?   Yes  No  If yes, please explain:                                                                           |
| Will you be bringing any scenery that needs to be hung overhead or flown during the show? ☐ Yes ☐ No If yes, please explain:                                                              |
| Do you have any video or special effects needs, such as fog or pyrotechnics?   Yes  No  If yes, please explain:                                                                           |
| Anything else you need or will bring, such as a podium, flags, blackboard/whiteboard, easel, etc.?   Yes  No If yes, please explain:                                                      |
|                                                                                                                                                                                           |

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