

BREN EVENTS CENTER
100 Bren Events Center
Irvine, California 92697-1500
(949) 824-5050 ♦ FAX: (949) 824-5097

ARENA RENTAL APPLICATION
OFF-CAMPUS ORGANIZATIONS
- PERFORMANCE EVENT -

IMPORTANT: No date will be held until application is returned.

Applicant: _____ Federal Tax ID/SSN: _____
Name of Company, Corporation, Organization, or Individual

Contact Person: _____

Address: _____

City

State

Zip

Phone: (____) _____ Fax Number: (____) _____

Email Address: _____

Person Signing Use Agreement (If different from above): _____

Desired Event Date(s) & Times: _____

Title of Event or Headliner's Name: _____

COMPLETE SECTION BELOW:

Type of Performance or Music: _____

Artist's Management: _____ Phone: (____) _____

Address: _____

Recent Appearances by this Show or Artist:

Date: _____ Headliner: _____

Venue: _____ Phone: (____) _____

Date: _____ Headliner: _____

Venue: _____ Phone: (____) _____

List ALL Supporting Acts appearing at this event and their Recent Appearances:

Name: _____ Date: _____

Venue: _____ Phone: (____) _____

Name: _____ Date: _____

Venue: _____ Phone: (____) _____

Name: _____ Date: _____

Venue: _____ Phone: (____) _____

COMPLETE SECTION BELOW IF FILMING EVENT (Complete if event includes still or motion photography)

Type of Filming: ___ Still Photography ___ Commercial Film ___ Videotape ___ Other: _____

Purpose of Filming: _____

Commercial Distribution: (Publication name, film name, or product to be advertised, etc.)

The following information **must** be completed in order for this application to be considered and properly processed. It is understood that the information requested will remain confidential.

Bank Reference

Bank: _____ Branch: _____

Address: _____ Phone: (____) _____

Account Numbers: _____

Facility References

How many events have you or your organization promoted in the past? _____

Name of Show: _____ Venue: _____

Date: _____ Venue Contact Person: _____

Phone: (____) _____ Address: _____

Name of Show: _____ Venue: _____

Date: _____ Venue Contact Person: _____

Phone: (____) _____ Address: _____

Name of Show: _____ Venue: _____

Date: _____ Venue Contact Person: _____

Phone: (____) _____ Address: _____

It is understood that this document is an **Application** for space and dates **ONLY** and **Does Not Bind Either Party**. No dates will be held until this Application is reviewed by the Bren Events Center, University of California, Irvine. The Bren Events Center, the University of California, Irvine and the Applicant **AGREE** that no announcement of date and no publicity regarding the event applied for, will be made public until a formal use agreement has been fully executed by both parties. University regulations provide that each person making application for facilities on behalf of himself, or any organization, shall be held responsible for delinquent financial obligations to the University incurred in connection with the facility. The undersigned, in making this application agrees to accept such responsibility. The undersigned certifies to be an officer thereof and authorized by the organization to make this application on its behalf. **Further, by signing this document, the undersigned gives permission for the University to verify information provided on this application including disclosing information from bank and facility references.**

Print Name

Signature

Date