Isla Vista Theater & Embarcadero Hall
Event Inquiry Form

IV Theater & Embarcadero Hall are fully staffed buildings that operate on a recharge basis. While there is no rental fee for the actual facilities, there is a cost for labor and equipment. All charges are billed at an hourly rate and are based on actual equipment usage on event day. The information below will allow us to provide you with an estimate.

Title of Event: ________________________________
Sponsoring Organization: ____________________________________________
Location & Date: ________________________________________________
Representative contact on Event Day: ________________________________

Please provide a summary of your event: (movie screening, lecture, concert, etc.)
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____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
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____________________________________________________________________

Please list any equipment needed to support your event: (microphones, projector, computer, etc)
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____________________________________________________________________
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____________________________________________________________________

What time would you like access to the theater? ________________________________
What time would you like to open doors to the public? ________________________________
(Note: IVT min 30 minutes before event, EH min 15 minutes before event)

What time does your event start? ________________________________
What is the approximate run time of your event? ________________________________

Will you have an intermission? Yes _____ No _____
If so, how long? ________________________________

What is your anticipated attendance? ________________________________

Will you be serving food during your event? If so, what food will you be serving?
____________________________________________________________________
____________________________________________________________________

Will we be billing AS or OSL? Yes _____ No _____
If not please provide a recharge number for payment. ________________________________

Please return completed form to natascha.cohen@id.ucsb.edu