



ARATANI JAPAN AMERICA THEATRE
FACILITY USE APPLICATION

1. Name of Event: _____

2. Sponsor/Producer: _____ Telephone: () _____

3. Contact Person: _____ Telephone: () _____

Mailing Address: _____ Facsimile: () _____

City _____ State _____ Zip _____ Email: _____

4. Technical Coordinator: _____ Telephone: () _____

Email: _____

5. Dates Requested in the Theatre

First Choice: _____ Curtain Time: _____

Second Choice: _____ Curtain Time: _____

6. Rehearsal

Date Requested: _____ Time In: _____ Time Out: _____

7. Length of Program: _____ Minutes

Length of Intermission: _____ Minutes

8. Total Number of Performances: _____

9. Ticket Price(s): _____

a) Seating Structure

[] General Admission [] Reserved [] Pit Seats

b) Ticket Printing

[] AJAT [] Sponsor

c) Ticket Sales

[] AJAT Box Office [] Sponsor

[] Other _____

TYPE OF EVENT

- [] Dance
[] Music
[] Drama
[] Film
[] Variety Show
[] Other (specify) _____

10. Souvenir Sale: (Commission of 25% on all gross sales due payable to the JACCC)

[] Yes [] No

a) Description of Items

b) Sales Personnel Provided by:

[] AJAT [] Sponsor

11. Description of Program and Set up:
MUST BE PROVIDED
(Refer to Attachment A)

FOR OFFICE USE ONLY

STATUS: _____ CONFIRMED DATE: _____ FILE NO.: _____

CONFIRMED TIME: _____ RATE: _____ (Commercial • Non profit • Resident • JACCC)

COMMENTS: _____

Authorized By: _____ Date: _____ Routed by: _____ Date: _____ TO: GM ___ MKT ___ TD ___ FOH ___ BO ___

12. Sponsor History

a) Non-Profit Corporation: Yes No

If Yes, does organization have an IRS determination letter for tax-exempt status? Yes No
Please attach a copy of your organization's tax-exempt status from the Internal Revenue Service.

b) Prior Events Produced by Sponsor (please include promotional brochures and reviews, if any)

Date _____ Event _____ Place _____

Date _____ Event _____ Place _____

c) Personal Reference:

Name _____ Telephone () _____

Address _____ City _____ Zip code _____

13. Liability Insurance. Mandatory for all performances at Aratani Japan America Theatre. Please provide proof of Single Limit Public Liability Insurance in the form of a Certificate of Insurance in the amount of One Million Dollars (\$1,000,000.00). This certificate must state "Aratani Japan America Theatre/Japanese American Cultural & Community Center is named as additional insured with respects to your "(name of show)" on (show date)".

14. Workman's Compensation Insurance for persons deemed necessary by you for the successful completion of your performance is not the responsibility of the JACCC. You will be responsible to provide a certificate of insurance indicating proper Workman's Compensation coverage for all persons required by you for your event.

15. Financial Information

a) Name of Bank _____ Branch _____

Address _____

City _____ Zip code _____ Telephone () _____

b) Name of Account Holder _____

c) Type of Account: Checking Savings Other

Account Number(s) _____

Credit Authorization

Applicant authorizes Bank to release information regarding the credit worthiness record and standing of the applicant to guarantors, other creditors, and to credit bureaus, consumer reporting agencies and other credit reporters.

I hereby certify that all statements in this application are true and complete and are made for the purpose of obtaining credit. I authorize you to obtain such information as you may require concerning the statements herein and agree the application shall remain your property. I acknowledge my responsibility under Section 17788.21 of California Civil Code to inform you of any change in my name, address or employment within a reasonable time.

* * * * * **NOTICE** * * * * *

Completion of this application does not constitute a confirmed Theatre reservation. Only after a Use and Rental Contract has been executed and a deposit received can a rental request be considered a confirmed reservation.

RETURN TO:

Aratani Japan America Theatre • 244 So. San Pedro Street, Suite 505 • Los Angeles, CA 90012

Name of person completing this form: _____

Title/Affiliation: _____ Organization: _____

Signature: _____ Date: _____