



Theatre on the Hill
Hillcrest Center for the Arts
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**APPLICATION FOR THEATRE PERFORMANCE PART I (3 pages)
FOR THREE WEEKEND PERFORMANCES July 1, 2005 to June 30, 2006
SUBMIT ONE APPLICATION PART I, PER GROUP**

APPLICATION DEADLINE: 5pm, Friday January 28, 2005

In addition to this completed application you must also provide a deposit check in the amount of \$850.00 made payable to CRPD. This check will be held and will not be chased until the selection process is completed. Should your group not be chosen, your check will be returned to you. Your check will only be cashed once all parties sign a Performance Contract. Be sure to sign the bottom of page three of this application.

COMMUNITY THEATRE INFORMATION MEETING:

A meeting will be held from 7:00pm to 8:30pm on Wednesday, January 19, 2005 at the Hillcrest Center for the Arts. Attendance is not mandatory however groups attending will be given additional consideration.

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|---|---|
| Office Use: ACCV Member Organization: _____ Complete Application: _____ Deposit Check: _____ | ACCV Dues Paid: _____ Non-ACCV Member Organization: _____ Attended Meeting: _____ |
|---|---|

GENERAL INFORMATION:

Application Date:

Organization Name:

Organization Street Address:

Organization City: State: Zip:

Contact Name: Position:

Contact Day Phone: Contact Eve Phone:

Contact Email: Contact FAX #:

Organization Website:

ORGANIZATION TYPE (Use to determine booking priority and fee schedule):

Is your organization a member of the Arts Council of the Conejo Valley (ACCV)?

Check One YES NO



ORGANIZATION TYPE CONTINUED

If you are not an ACCV non-profit organization, please describe your organization:

- CHECK THE TYPE THAT APPLIES:**
- PROFIT MAKING CORPORATION**
 - SOLE PROPRIETORSHIP**
 - LIMITED PARTNERSHIP**

OTHER (Please Describe):

ORGANIZATION LEADERSHIP:

Please list the leaders of your organization along with their position and their separate contact information. (Examples include Artistic Director, Treasurer, Technical Director, Marketing Director, etc. You may attach additional sheets if needed.)

NAME: **POSITION:**

Contact Information:

NAME: **POSITION:**

Contact Information:



NAME: POSITION:

Contact Information:

NAME: POSITION:

Contact Information:

NAME: POSITION:

Contact Information:

APPLICATION SUBMITTED BY: **DATE:**

SIGNATURE:

ATTACH ONE COPY OF PART II OF THE APPLICATION FOR EACH SHOW THAT YOU WISH TO PRESENT.