



CENTER FOR ARTS & EDUCATION

## PROGRAM PROPOSAL FORM

Primary Contact Name \_\_\_\_\_

Group Name (if applicable) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address/City, ST Zip \_\_\_\_\_

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Program Title \_\_\_\_\_

Program Description (*include whether this program will require royalties*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program date(s) (*I.E. Show times will be 8 pm, and 7 pm for youth performances*):

\_\_\_\_\_

Proposed Ticket Price \$ \_\_\_\_\_

Number of Cast \_\_\_\_\_ Number of Crew \_\_\_\_\_

Specify your rehearsal and/or show setup schedule

\_\_\_\_\_

**Circle either Yes or No to each of the following:**

Sound system: Yes / N Special Stage Lighting: Yes / No Projector: Yes / No Spotlight: Yes / No

Does your show involve fire, blades, or dangerous items? Yes / No

Do you have a tech person to run lights/sound? Yes / No

Do you have a door person to sell and take tickets? Yes / No

Estimated budget for props/costumes/staging: \_\_\_\_\_

Other equipment and supplies needed:

*(List all the items you will need and do not have. OPAL will determine if we can help supply the items.)*

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Anything else we should know?

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OPAL will promote your event online through email, Facebook, and the OPAL website as well as sending a press release to free listings at the Cottage Grove Sentinel, Register-Guard, and Eugene Weekly.

We will also distribute your poster, once you provide it to us, to 10 places around town - the rest is up to you UNLESS you want our Theater Curator to distribute them for a fee.

We strongly recommend that you put some time and effort into getting the word out about your event.

Contracts for a theater performance will have a 50/50 split of ticket sales. For shows with ticket prices over \$10, we recommend using our online ticket service.

A refundable security deposit is required: \$50 (no tech) \$200 (with tech)

**Send completed proposals to: [ocae@opalcentercg.org](mailto:ocae@opalcentercg.org)**

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STAFF USE ONLY

Date received; \_\_\_\_\_

OPAL Representative: \_\_\_\_\_

Dates/Times of Program \_\_\_\_\_

OPAL Staff Required? \_\_\_\_\_