



Appendix D Yale University, Special Events Review

Name of Event: _____ Location of Event: _____
Contact Person: _____ Phone No.: _____
Date(s) of Event: _____ Time(s) of Event: _____

“I have read, understand, and will adhere to the **Guidelines for Undergraduate Theater Productions and Special Events**, and will seek advice and permission in advance as warranted. I recognize that I responsible for this event .”

Signature of Responsible Person: _____ Date: _____

Type of Event:

Theatrical Dance Perf. Student Dance Musical Perf. Student Band Film Casino Night Café / Talent Art / Photo Other: _____

House Manager: _____ Evacuation Announcement By: _____

Max. Occupancy: _____ Seating Type: Fixed Portable Ganged None
of usher’s required: _____ Flashlights required: No Yes Fire drill required: No Yes
Event outdoors: No Yes Outdoor electricity used: No Yes

Police/Security required: No Yes # of Police Req. _____ Confirmed by: _____ **Fire**

Marshal required: No Yes # of FM Inspectors Req.: _____ Confirmed by: _____

Fire System shut-down required: No Yes What systems/areas: _____

Vendor will supply*:

Lighting Sound Audio / Visual Band / DJ Scenery
 Curtains / Drapes Furniture / Props Tools / Equipment Labor
 Stage Scaffolds Tents Generator Vehicle Other (specify):

*(Attach copies of rental contract, vendor’s certificate of insurance and flame certificates.)

Event incorporates the following (check all that apply):

Seating Risers Bleacher Seating Platforms Raised Stage Stairs
 Constructed Scenery Curtains/ Drapes Lighting Stanchions or Truss
 Sound Stanchions or Truss Items Hung Overhead Handicap Access Seating
 Handicap Access to Stage Handicap Access to Lavatories
 Audience Participation Moving the Audience Audience on Stage
 Weapons Temporary Lighting/Electrical Ropes / Noose
 Motorized Equipment Theatrical Smoke / Fog Strobe Lighting
 Special Effects (specify): _____ Other (specify): _____

This event has been reviewed by the following departments:

Location Manager: College Master, Dining Hall Manager, Location / Theater Manager
Yes _____ No _____ Pending _____ Conditionally (See notes) _____
Signature _____ Title _____ Date _____

Yale University Fire Marshal for Approval:
Yes _____ No _____ Pending _____ Conditionally (See notes) _____
Signature _____ Title _____ Date _____

City of New Haven Fire Marshal’s Office:
Yes _____ No _____ Pending _____ Conditionally (See notes) _____
Signature _____ Title _____ Date _____

Other (OEHS, YPD, SECURITY, ETC.):
Yes _____ No _____ Pending _____ Conditionally (See notes) _____
Signature _____ Title _____ Date _____

THIS FORM MUST BE POSTED IN A CONSPICUOUS LOCATION AT THE EVENT