

**Soka University of America  
Soka Performing Arts Center  
Publicity Approval**

*(return this form with your proposed flyer or other publicity piece)*

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_ Curtain Time: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #'s: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Sponsor Affiliated With University: \_\_\_ yes \_\_\_ no \_\_\_ see "Comments"

**All users of the Soka Performing Arts Center shall include the following information on all publicity -**

**Facility Name: Soka Performing Arts Center, Soka University of America**

*All words in the facility name shall be of the same type size and style. For graphic layout purposes, the name Soka University of America may be placed immediately below the facility name, but must be of the same type size and style.*

**Facility Address: 1 University Dr., Aliso Viejo, CA 92656**

*This address shall be used as the physical address of the facility.*

**Facility Phone Number: For Ticket Information Please Call: (949) 480-4278**

*This phone number shall be used any time the facility box office is responsible for ticket sales.*

**FOR OFFICE USE ONLY**

**Publicity Sample Received On:** \_\_\_\_\_

**Approved:** \_\_\_ as presented \_\_\_ as amended  
for required amendments, \_\_\_ see "Comments"  
\_\_\_ see marked sample

**Rejected:** \_\_\_  
\_\_\_ see "Comments"

**Comments:**

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_