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 Rejected: _____
for required amendments, ____see "Comments" ____see "Comments"
____see marked sample

Comments:

Authorized Signature: ______________________________________ Date: _______________