

Event Usage Request Form

Date of Request (today's date):

Guest Artist Name and Instrument or Name of Event:

Purpose for which Use of Venue is Requested:

Total Participants:

Date of Event:

Event Start Time:

In Time:

Out Time:

Sponsoring Organization/Department:

Applicant:

Applicant Address:

Applicant Phone:

Applicant Email

Venue Requested:	Bryan	Kobacker	Kelly (1012)	Choral (1040)	Dressing Rooms
	Green Room	Conrad	Donnell	Eva Marie Saint	Other

Rehearsal Needed: Yes No

Rehearsal Date:

In Time:

Out Time:

Audio Requests: Recording

Sound Reinforcement

Sound Check

Sound Check Start Time:

If sounds reinforcement is needed, please provide a brief description of needs:

Grand Piano Needed: Yes No Prepared Piece: Yes No Lids Removed: Yes No Other

Special Piano Tuning Requested: Yes No Specific Piano:

What, if any, are your Percussion needs?:

Technical Needs Other Than Audio (Please Include Equipment Needs):

(Non-CMA Events)

Fund:

Dept.:

Account:

Program:

Charged Event: Yes No Event Open to Public: Yes No

Applicant Signature:

Faculty Advisor Signature (if applicable):

****Type Relevant Name in Signature Box to Sign, and Email Completed Form to Scheduling Manager at kwhofac@bgsu.edu***

Checklist of Approval <i>(for Internal Use Only):</i>	Approved	Denied		Signature	Date
			Scheduling Manager		
			Manager Public Events		
			Department Chair		
			Recording/Sound Engineer		
			Piano Technician <i>(if applicable)</i>		
			Percussion Coordinator <i>(if applicable)</i>		
			Wolfe Center Coordinator <i>(if applicable)</i>		