



Event Usage Request Form

PUBLIC EVENTS 02-2018

Date of Request: _____

Guest Artist Name and Instrument or Name of Event: _____

Purpose for which use of Building is Requested: _____

Date of Event: _____ Start Time: _____ In: _____ Out: _____

Sponsoring Organization/Department: _____

Applicant: _____

Applicant Address: _____

Applicant Phone: _____

Applicant Email: _____

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

Rehearsal Needed: Yes No Rehearsal Date: _____ In: _____ Out: _____

Audio Requests: Recording Sound Reinforcement Sound Check: Time: _____

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

What (if any) are your percussion needs:

Technical Needs other than Audio (please include equipment needs):

Fund: _____ Dept: _____ Account: _____ Program: _____

Artist Fee \$ _____ Tech Costs (est.) \$ _____

Funding is: Approved Anticipated Source of Support: Departmental Funds Other

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

Applicant Signature: _____

Approved Denied

Signature

Date

Checklist of Approval:

Scheduling Manager _____

Director, Public Events _____

Department Chair _____

Recording/Sound Services _____

Percussion Coordinator _____
(if applicable)

Wolfe Center Coordinator _____
(if applicable)

Faculty Advisor _____
(if applicable)