

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: \_\_\_\_\_

Grand Piano Needed:  Yes  No Piano Tuning Needed:  Yes  No

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: \_\_\_\_\_

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

Applicant Signature: \_\_\_\_\_

Faculty Advisor  
(if applicable) \_\_\_\_\_

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)	_____
		Piano Technician (if applicable)	_____