

# In-House Facilities Reservation Form

Today's Date: \_\_\_\_\_

Facility Requested: \_\_\_\_\_ Mainstage \_\_\_\_\_ Choral Room \_\_\_\_\_ Other (Specify)  
\_\_\_\_\_ Blue Door \_\_\_\_\_ Band Room

Function/Event: \_\_\_\_\_

Organization/Group: \_\_\_\_\_

Contact/Director: \_\_\_\_\_ Phone Extension: \_\_\_\_\_

EVENT DATE(S): \_\_\_\_\_ HOURS: From \_\_\_\_\_ to \_\_\_\_\_

REHEARSAL DATES: \_\_\_\_\_ HOURS: From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

SET-UP DATE: \_\_\_\_\_ HOURS: From \_\_\_\_\_ to \_\_\_\_\_

Are other groups impacted? \_\_\_\_\_

Number of Audience Anticipated: \_\_\_\_\_ Number in Company: \_\_\_\_\_

Technical Requirements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

**Please submit this form to the Department Administrative Specialist**

**APPROVALS:**

Admin Asst/Calendar \_\_\_\_\_

Tech Director \_\_\_\_\_

Dept Leads \_\_\_\_\_

Music Theater Dance

Division Chair \_\_\_\_\_

**DEPARTMENTS NOTIFIED:**

Security \_\_\_\_\_

HVAC Required \_\_\_\_\_

Custodial \_\_\_\_\_

Date Calendar Confirmed: \_\_\_\_\_ Date Canceled: \_\_\_\_\_