

MUSIC DEPARTMENT FINE ARTS M201

Reservation/Room Set-Up Form

RETURN THIS FORM
one (1) month before event

Mon Tue Wed Thu Fri Sat Sun _____
 (Circle Day of Event) (Date) Start Time _____ End Time _____ (# of hours room is needed)

NAME OF EVENT: _____ Person Requesting: _____ Dept/Org./Club: _____

Requestor's Email: _____ Requestor's Phone: _____ Club Advisor: _____

Event Type: _____ Admission Fee: Y ___ N ___ S/A Funding Raising Form: Y ___ N ___

Room Set Up Requests:

___ Stage _____ Dimension or # of pieces
(12-4x6 pieces available)

___ Chairs: Ensemble _____ Audience _____
specify # specify #

___ Music Stands _____ (specify #)

___ Tables _____ (specify #, use diagram for placement)

___ Green Room needed?

___ Do you want extra equipment not being used put in storage?

Equipment Requests:

___ Drum set/Amps

___ Acoustical Panels

___ Conductor stand/podium

___ Grand Piano ___ Tuned?

___ Other _____

Other Requests:

___ Catering
(Contact Dining Services ext 3934)

___ A/V Equip

Specify what type of A/V equipment

Sound Reinforcement/Recording Requests

___ Do you want concert recorded _____ Do you want a CD of your recording?

___ Do you require sound reinforcement? ((i.e. microphones, monitors) If yes, specify below what/how many are needed

Explanation of Room Setup
(placement of stage; audience seating, etc)

