

Stage and Screen Arts
THEATRE SPACE USAGE FORM FOR SPECIAL EVENTS

Due 4 weeks prior to usage

Date_____

Contact Person_____

Email_____ Phone_____

Organization_____

Description of Title of Event_____

Anticipated number of attendees_____

Space Requested	Dates	Times of Usage	Calendar Info
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Technical Needs:

Light:

Props:

Sound:

Costume:

Publicity:

Other special needs:

Approval Routing Form:

Department Chair

Approve Not Approved

Date_____

Comments or Concerns:

Technical Director

Approve Not Approved

Date_____

Comments or Concerns:

Department Associate

Approve Not Approved

Date_____

Comments or Concerns: