

**DEPARTMENT OF THEATRE
ROOM RESERVATION
REQUEST FORM**

**This form must be submitted 2 weeks prior to requested dates of usage.
Rooms available: Rm 151, Rm 115 and Studio Theatre**

| | | | |
|---|-----|-----|----------------|
| Room: | 151 | 115 | Studio Theatre |
| Group or Individual requesting reservation: | | | |
| Date or Dates of reservation: | | | |
| Faculty Sponsor: | | | |
| Purpose of request: | | | |
| Event Timeline: | | | |
| Deposit required? | Yes | No | |

| | |
|--------------------------------|--|
| Group or Individual Signature: | |
| Faculty Sponsor Signature: | |
| Facility Manager Signature: | |