

Cole Concert Hall Reservation Form Date Filed _____

This is a new request change if a change, what is the previous date/time _____

Date of performance _____ Start Time _____

Date of rehearsal _____ Times _____

Date of rehearsal _____ Times _____

Title of Event _____ Series (if applicable) _____

Event Category _____

Contact Person/Department _____ Phone _____

Address/Box # _____

Ticket Prices: same as last year OR Please provide pricing below:

Adult _____ Senior _____ Student _____ SFA Faculty/Staff _____ CFA Faculty/Staff _____

Preliminary Needs tower position – full stage tower position – half stage other _____
 grand piano microphone # _____ CD player

Approval Routing:

Person Requesting Reservation Date _____ Comments _____

Faculty Advisor Date _____ Comments _____

Missy DeVine, Cole Hall Coordinator Date _____ Comments _____

Robbie Goodrich, Arts Information Date _____ Comments _____

Diane J. Peterson, Box Office Date _____ Comments _____

Received in Dean’s Office for filing Date _____ Comments _____

Gary Wurtz, Director SOM Date _____ Comments _____