

W. M. Turner Auditorium Reservation Form Date Filed _____

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

Date of performance _____ Performance Time _____

Date of rehearsal _____ Times _____

Date of rehearsal _____ Times _____

Title of Event and/or Description _____

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: piano shell risers house divider SRT Crew

Other: _____

Approval Routing:

Person Requesting Reservation Date Comments

Departmental Approval Date Comments

Robbie Goodrich, Arts Information Date Comments

Diane J. Peterson, Box Office Date Comments

Steve Bacarisse, Turner Technical Director Date Comments

Florence Lunsford, Calendar Coordinator Date Comments

A. C. Himes, Dean College of Fine Arts Date Comments