

# Presser Hall Auditorium Reservation Form

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Set-up Time: \_\_\_\_\_ Event Start time: \_\_\_\_\_ End Time: \_\_\_\_\_

Group (Office, department, organization)/Person: \_\_\_\_\_

Event description: \_\_\_\_\_

**Signatures from the following person(s)/office(s) must be obtained:**

**ORGANIZATION SPONSOR** \_\_\_\_\_

Contact person for event. If the event is by a student organization, the organization's sponsor must sign.

**CAMPUS FACILITIES** \_\_\_\_\_

If the event requires special set-ups, the maintenance office needs to sign acknowledging that the proper work orders have been submitted and approved for set-up and tear-down for the event. If no special set-ups are necessary, indicate that in the space above.

**MICROPHONE(S)\* /SETUP/CHAIRS/STANDS/etc.:** \_\_\_\_\_

General Information: Presser Hall Auditorium is used frequently for classes, music lessons, ensemble rehearsals, and student practice sessions. In the case that your event overlaps a previously scheduled time, contact the Music Office immediately. The Music Office will inform you of whether or not the hall can be made available.

Is this event open to the public? (circle one)	YES	NO
Is there an admission fee? (circle one)	YES	NO
If yes, how much? _____		
Are tickets required? (circle one)	YES	NO
If yes, where will they be sold? _____		
Does this event need to be on the campus calendar?	YES	NO
Does event need a dress rehearsal	YES	NO
Requested Date and Time: _____		
Will there be a stage manager for event? (circle one)	YES	NO

*\*Person will need to check with Music Department for operating the sound system.*

If your event requires a Press Release, please contact the Communications Office (ext. 8274).

I hereby agree to assume full responsibility for the proper use of all College property and facilities in this event and guarantee that they will be returned to proper condition following the event. I further understand that I, or my organization, will be charged for restoration costs if it is not carried out within a reasonable period of time

*For Music Office Use*

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Date Confirmed: \_\_\_\_\_

\_\_\_\_\_  
Signature of person with overall responsibility for the event.

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number and ID Number

This form is for scheduling and communication purposes. Some events may need further contracting processes in accordance with campus policy.

Questions? Please contact the Administrative Assistant Jessica Earle ext. 8302 or earlj@bethanylb.edu