

REQUEST FOR USE OF THE DOUDNA FINE ARTS CENTER

-Student Request-

217-581-8500

Doudnarequests@gmail.com

Today's Date (month/day/year): _____ Event Date: _____ Start Time: _____ End Time: _____
Event Title: _____

Individual Making Request: _____ Telephone: (____) _____
Organization Affiliated: _____

Address: _____
Email Address: _____

Space Requested: Dvorak Recital Theatre Black Box Lecture Hall Concourse Red Zone
Green Room Dressing Room Sound Booth Light Booth Box Office Other (specify):

Type of Activities Taking Place Within Venue/Type of Event: _____

Event Specifications: Private Public Refreshments? Yes No
Source/Catering: _____ Telephone: (____) _____

Will there be a faculty member present? Yes No Name:

Equipment/Furniture Needed: (indicate how many where appropriate) Projector/Screen: _____
Chairs: _____ 6' Tables: _____ E-clips: _____ Other (specify): _____

*If you plan to hang posters or signs you need to request e-clips to hang the signs on. Any equipment not requested will not be provided

I agree to and understand that there may be charge(s) for this event. Signed: _____

Please note that in any publication of the event it must refer to the **Doudna Fine Arts Center (name of venue located). Keep in mind that the facilities are open to the public and will not be closed off an event. Also, any **changes** to an event as booked will be honored at the discretion of the Doudna Fine Arts Center's Administrative Staff.

*In addition, A faculty advisor must be present during the scheduled event if event is in a venue (provide name and signature)

Food or Drink are NOT PERMITTED within the venues. Any props or equipment that would damage the floors or other parts of the venue are PROHIBITED. YOU WILL BE RESPONSIBLE FOR ANY DAMAGES!

By signing below, the signee agrees that they have read and agree to the Scheduling, Use Policies and Regulations as they appear.

Signed: _____ Date: _____
Individual making the request

Signed: _____ Date: _____
Authorizing Official/Fiscal Agent (Chairman/ Advisor)

*Please Complete/correct, sign, and return this form to Dennis Malak at the **College of Arts and Humanities**. This booking is not **complete and confirmed** until this form has been reviewed and approved. Requests must be made via this form at least **2 weeks prior** to the event.*

Doudna Fine Arts Center Staff Only (this form revised Spring 2011)

Reply Mailed On: _____ On Calendar by : _____

Approved _____ Denied _____ Functions Supervisor: _____ Date: _____

Comments: _____

Approved _____ Denied _____ Student Assistant: _____ Date: _____