



# THEATRE RESERVATION FORM

Signatures below represent acknowledgement of full responsibility for the Safety and Behavior of all those using the reserved/rented space & spectators, as well as compliance with all relevant College policies and procedures. THERE MUST BE 1 PERSON SUPERVISING FOR EVERY 30 PEOPLE IN THE THEATRE COMPLEX. (\* are required fields)

\* TELEPHONE: \_\_\_\_\_

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CHAIR PERSON: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PERSON IN CHARGE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

A WORK ORDER DELIVERED TO PLANT AND FACILITIES MUST BE COMPLETED FOR ANY TYPE OF EVENT OR ACTIVITY THAT REQUIRES TECHNICAL ASSISTANCE, SET-UP AND TAKE DOWN, AND/OR SECURITY. PLEASE ATTACH A COPY OF THE WORK ORDER TO THIS RESERVATION FORM.

**NO FOOD OR DRINK ALLOWED IN THE THEATRE AT ANY TIME**