## School of Music Event/Room Reservation Form

Date of Request:	Requested By:	
Email:	-	
Is this a: Recital Re	hearsal	Other
You <u>must</u> complete a for Please allow 48 hours	rm for each different even s for email confirmation	<del>-</del>
Event Title:		
Date(s) of Event:	Starting Time:	
	Ending Time:	
Please check all rooms requested:		
Smith Music Hall	Jomie Jazz Center	
□ 133 (Recital Hall)	□ 103 (Forum)	
□ 107 (Classroom)	□ 112 (Multi-Media F	Room)
□ 112 (Classroom)	□ 114 (Classroom)	
☐ Music 150 (Choir Room)	□ 210 (Ensemble Room)	
□ 123 (Music Ed Classroom)	□ 214 (Recording Stu	udio)
□ 143 (Band Room)	** if you reserve th	he recording studio, you must also
		reserve Jomie Ensemble Room
Reception following Event: Yes No Locat	tion/Time of Reception: _	
The space for the reception <u>must</u> be reserved at the for the reception. All baked goods, (example cookies, permitted. Cheese, cut fruit, and dips for vegetables hazardous is permitted such as meat trays, cooked received.	cakes, etc.) chips, pretzels, crac or fruits must be kept in a coole	ckers, cut vegetables, and soft drinks are
*SHOULD YOU NEED AN ACCOMPANIST FOR YOUR R	ECITAL, AN ACCOMPANYING CO	ONTRACT <u>MUST</u> BE SUBMITTED WITH THIS FO
Instructor's Signature: (all student recitals)		date
DO NOT WRITE BELOW THIS LINE – FOR OF	FICE USE	
Received in Music Office:  Reception Space Assigned:  on		on