School of Music Event/Room Reservation Form

Date of Request:	Requested By:	
Email:		
Is this a: Recital	Rehearsal	Other
		erent event - no exceptions rmation of reservation
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 Room)	
□ 112 (Classroom)	□ 114 (Classroom)	
□ Music 150 (Choir Room)	□ 210 (Ensemble Room)	
☐ 123 (Music Ed Classroom)	□ 214 (Recording Studio)	
□ 143 (Band Room) ** if you reserve the recording stu		reserve the recording studio, you must alsO
	reserv	ve Jomie Ensemble Room
Reception following Event: Yes No I	ocation/Time of Rece	eption:
for the reception. All baked goods, (example co	okies, cakes, etc.) chips, p ables or fruits must be kep	vent. The following food guidelines must be followed pretzels, crackers, cut vegetables, and soft drinks are at in a cooler until serving time. Nothing potentially, etc.
Instructor's Signature: (all student reci		date
DO NOT WRITE BELOW THIS LINE - FO	N OFFICE USE	
Received in Music Office:		