STUDIO BOOKING REQUEST FORM

(for use by Concordia University Department of Theatre students, faculty and staff)

- Each box must be completed and you must fill out your requested dates and times in the table.
- Once your form is complete, save it to your computer and e-mail it to theatre@concordia.ca
- Bookings will be processed as time permits, on a case by case basis with a minimum two week delay.

Name of Requ	estor:			Phone	e #		
Student I.D. #:				E-mail	l:		
the terms and	orocedur	es outlined there		cate Yes or No).		nt on the website and agr nust agree to these tern	
Course Name:			Number of pe	eople in group:			
						of everyone on your team take to assess the reque	
Request Detai	ls:						
	DA	ATE	STAR	T TIME		END TIME]
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PLEASE NOTE: You must stack chairs, remove tape from the floor, clear and return room to its zero state before leaving. Failure to comply with the requirements will result in the loss of your booking privileges.

If approved, you will be notified by email. **Always bring a copy** of your room booking confirmation with you to your event.

Security Services has the right to evict you from the building if you do not have this confirmation with you.

Questions? Contact the department administration at 4555