W. M. Turner Auditorium Reservation Form  Date Filed ____________

This is a ☐ new request  ☐ change  if a change, what is the previous date/time ____________

Date of performance __________________________ Performance Time __________________________

Date of rehearsal __________________________ Times __________________________

Date of rehearsal __________________________ Times __________________________

Title of Event and/or Description

Contact Person/Department __________________________ Phone __________________________

Address/Box # __________________________

Ticket Prices: ☐ same as last year  OR  Please provide pricing below:

  Adult_____ Senior_____ Student_____ SFA Faculty/Staff_____ CFA Faculty/Staff_____ 

Preliminary Needs: ☐ piano  ☐ shell  ☐ risers  ☐ house divider  ☐ SRT Crew  

☐ Other: __________________________

**************************

Approval Routing:

Person Requesting Reservation __________________________ Date ____________ Comments ____________

Departmental Approval __________________________ Date ____________ Comments ____________

Robbie Goodrich, Arts Information __________________________ Date ____________ Comments ____________

Diane J. Peterson, Box Office __________________________ Date ____________ Comments ____________

Steve Bacaris, Turner Technical Director __________________________ Date ____________ Comments ____________

Florence Lunsford, Calendar Coordinator __________________________ Date ____________ Comments ____________

A. C. Himes, Dean College of Fine Arts __________________________ Date ____________ Comments ____________