

MPCS Internal Request for Reservation (Performance AND Non-Performance Events)

Overall Procedure

<p>Step 1: Submit Form Submit this completed form Via: Inner-Campus Mail Attention: Kathleen McCook</p> <p><i>*Form must be submitted at least 14 days before event date*</i></p>	<p>Step 2: Email Confirmation Wait for an EMAIL CONFIRMATION From: Steve Henson</p> <p><i>*Your event is not confirmed until Step 2 has been completed*</i></p>	<p>Step 3: Event Coordination Steve Henson will be copied on EMAIL CONFIRMATION and coordinate ALL details for event.</p> <p><i>*Steve Henson is the sole coordinator for all MAC events*</i></p>
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Room Requested: Mark the line corresponding to the room requested.

1 st Floor	Capacity	2 nd Floor	Capacity
___ Miscellaneous Classroom (MC)	20	___ Kristi Lynn Theatre (KLT)	577
___ Choral Rehearsal Room (CRR)	100	___ Black Box Theatre (BBT)	120
___ Instrumental Rehearsal Room (IRR)	150	___ Grand Lobby (GL)	200
___ The Rest (REST)	40	___ Artist Reception Room (ARR)	20
___ MAC Board Room (3 rd Floor) (BR)	16	___ Dance Studio (DS)	N/A

Please note: the managing director reserves the right to assign an alternate location for the event if the requested location or personnel is unavailable or unfeasible. Some events may incur a technical support and/or cleaning fee.

Date(s) of event: _____ **Date of form submission:** _____

Name of event: _____ **Expected attendance:** _____

Start time of event: _____ (a.m./p.m.) **End time of event:** _____ (a.m./p.m.) **Intermission:** (yes/no) _____

Contact name for event: _____

Contact phone number: _____ **Contact e-mail:** _____

Does this event require a rehearsal? (y/n) _____ **Does this event require food/catering? (y/n)** _____

Additional/brief description of event: _____

Supervisor's signature for approval: _____

Please note: operations setups, audio/video setups, table requests, and diagram information will be completed during 'Step 3: Event Coordination' process with Steve Henson.

Please submit this form at least 30 days in advance of requested event date.

	_____ MD Initial	_____ SEC Initial
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