

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 # _____

Preliminary Needs: piano shell risers house divider SRT Crew
 Other: _____

If this is an ECFA event with changes to ticket pricing, please contact the Box Office at dianepeterson@sfasu.edu

Approval Routing:

Person Requesting Reservation Date _____ Comments _____

Departmental Approval Date _____ Comments _____

Robbie Goodrich, Arts Information Date _____ Comments _____

Steve Bacarisse, Turner Technical Director Date _____ Comments _____

Florence Lunsford, Assistant to the Dean Date _____ Comments _____

Gary Wurtz, Dean College of Fine Arts Date _____ Comments _____

Diane J. Peterson, Calendar Coordinator Date _____ Comments _____