



INDIANA UNIVERSITY
SOUTHEAST

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MUSIC DEPARTMENT

HALL/ROOM RESERVATION REQUEST

Please note that requests for time in the Richard K. Stem Concert Hall or the Recital Hall will be submitted by the Music Department on your behalf, but ultimately require approval from the Ogle Center.

Name: _____ Student ___ Faculty ___ Staff

Address: _____
(If faculty or staff, give campus address. If student, give home/ mailing address)

Phone: _____ E- mail: _____

If student, please indicate the faculty member overseeing this request: _____

Please indicate Hall or Room desired:

___ Recital Hall ___ Stem Concert Hall ___ Orchestra Rehearsal Room
___ Theory Room (072) ___ Performance Classroom (069)

Purpose/Name of Event: _____

Date of Event: *(first choice)* _____ *(second choice)* _____

Time of Event: *(first choice)* _____ *(second choice)* _____

Rehearsal Dates/Times:	<u>Date</u>	<u>Start Time</u>	<u>End Time</u>
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p><i>Please note: You may request up to 8 hours of rehearsal time, but no more than 4 hours in one day. Rehearsal times in Recital Hall and Stem are subject to approval by the Ogle Center, depending on availability and staff work schedules.</i></p> </div>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Please list any technical needs (i.e., piano, stands, chairs, lights, shell, microphones, etc.)

For Office Use Only	Date Received: _____	Date Submitted: _____
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