

# MONROE LECTURE HALL SPECIAL EVENTS FORM

Date of Event	Prep Time	Doors Open	End Time	Today's Date

Name of Organization	Event Name	Type of Event	Budget Number

Person Requesting (print)	Address	Phone #

Do you require stage lighting? Y or N

Do you require that the Box Office be open? Y or N

Do you request that photos be allowed in the facility? Y or N

Do you require the use of the upstairs changing room? Y or N

Cost of tickets sold in advance \$ \_\_\_\_\_ Cost of tickets sold at the door \$ \_\_\_\_\_

Equipment needs (electrical, tables, chairs, etc.)

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**Required Signatures (*Signatures must go in order*)**

1. Requestor \_\_\_\_\_

2. Faculty Advisor \_\_\_\_\_

3. Theater Facilities Manager \_\_\_\_\_

4. Public Safety \_\_\_\_\_

5. Student Activities \_\_\_\_\_

6. Office of Event Management \_\_\_\_\_