

Theatre Use Request Form for 2018-2019 MVHS Users

Submit before the first Friday of the month when the theatre is needed
to MIKE GURNARI, Theatre Facilities Coordinator

Name of requester: _____ Phone: _____

Name of Responsible Party @ Event:
(Must be a faculty member) _____ Phone: _____

Department: _____

Title of Event: _____

Projected Attendance: _____ Date Submitted: _____

Describe the proposed event:

What is needed?

- Stage Microphone Podium Screen
 Projector Piano Tickets Other _____
 Ticket Charge - If yes, how much? \$ _____

Dates Requested for the event. Please include the start time and duration of event. Also include any dates for rehearsal and/or setup for your event.

Example:

First Choice: Wednesday, May 27, 2019 6:30pm - midnight

Second Choice: Thursday, May 27, 2019 3rd and 4th period

Date Time

First Choice: _____

Second Choice: _____

Third Choice: _____

Fourth Choice: _____

Fifth Choice: _____

Theatre Council Use

Approved _____ Signature: _____ Date: _____