

## Theatre Use Request Form for 2019-2020 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 Si	ubmitted:
Describe the proposed event:	
What is needed?	
□ Stage □ Microphone □ Podium	☐ Screen
Projector Piano Tickets Ticket Charge – If yes, how much?* \$_ *A \$1 per ticket sold charge will be charg	<del> </del>
Dates Requested for the event. Please incl duration of event. Also include any dates f for your event.	
<u>Example:</u> First Choice: <u>Wednesday, May 27, 2020 6</u>	6:30pm - midnight
Second Choice: <u>Thursday, May 27, 2020</u> <u>3'</u> <b>Date</b>	<sup>rd</sup> and 4 <sup>th</sup> period <b>Time</b>
First Choice:  Second Choice: Third Choice: Fourth Choice: Fifth Choice:	
Theatre Council Use Approved Signature:	Date: