

# Shryock Usage Request Form

Your Venue Contact is Seth Kohlhaas

E-mail: sethk@siu.edu Phone: (618) 453-7035 FAX: (618) 453-8164

Date Submitted: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Department / Organization: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Estimate Required  No Estimate Required /Proceed with work

Event Title: \_\_\_\_\_

Show Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Rehearsal Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Rehearsal Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Rehearsal Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Rehearsal Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Is this a ticketed event?  Yes  No  
Do you need a sound system  Yes  No

Please describe your event (be as detailed as possible):

Name of Fiscal Officer (TYPED) \_\_\_\_\_ Fiscal Officer Title \_\_\_\_\_

Fiscal Officer Signature  Date: \_\_\_\_\_ Account Title: \_\_\_\_\_ Budget Purpose \_\_\_\_\_

Print this form have it signed and have it delivered to Seth Kohlhaas at Shryock Auditorium, 1050 South Normal Avenue, Carbondale IL, 62901. Forms must be submitted no later than two weeks prior to the purposed event date. Any form received closer to the purposed event date may be disregarded at the discretion of the Auditorium Technical Director.

Submittal of this form does not guarantee usage of the facility, reservation of show or rehearsal dates. We strongly advise against making any commitments monetary or otherwise, until you receive a copy of this form back with the appropriate approval signature.

Approved by Shryock Auditorium \_\_\_\_\_ Date: \_\_\_\_\_  
Seth Kohlhaas, Auditorium Technical Director

Approved by College of Liberal Arts \_\_\_\_\_ Date: \_\_\_\_\_  
Jane Swanson, Dean of the College of Liberal Arts