

# Shryock Usage Change Form

Your Venue Contact is Seth Kohlhaas  
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Date Submitted: \_\_\_\_\_

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

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

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

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

New Estimate Required  No Estimate Required /Proceed with work

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

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

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

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

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

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

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

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

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

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

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

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

Please describe your changes to the event (be as detailed as possible):

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

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

All changes will be applied to your event upon approval of this form.

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