

Studio A Reservation

School of Theatre, Television, and Film

PROJECT INFORMATION
Application Date _____
Project Name _____
Producer _____
Phone # _____
Email _____

Class _____
Instructor _____
Instructor X _____
Date Needed _____
Time In _____
Time Out _____

STUDIO OPTIONS (Check all the apply)		
Live Production	<input type="checkbox"/> Studio with Lights	Recording Format: _____
Taped Production	<input type="checkbox"/> Studio Only	
Film Production	<input type="checkbox"/> Studio with Engineering	

PRODUCTION NOTES
List <u>exactly</u> what you need, including any special items and/or requirements

I understand that I am <u>financially responsible</u> for any damage to the facility while it is checked out by me.
X _____
Date _____

Received by _____ Date _____

Entered by _____ Date _____