

UMass DEPARTMENT OF THEATER REHEARSAL ROOM REQUEST

TODAY'S DAY and DATE: _____

TIME: _____

YOUR NAME: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

COURSE #: _____

PROFESSOR: _____

DAY and DATE ROOM IS NEEDED:

TIME ROOM IS NEEDED:

Begin Rehearsal _____ End Rehearsal _____

1st ROOM CHOICE _____

2ND ROOM CHOICE _____

3RD ROOM CHOICE _____

REHEARSAL ROOM CONFIRMATION

ROOM # _____ has been reserved for you on

_____ From _____ to _____
day/date start time end time

YOU ARE RESPONSIBLE FOR LEAVING THE ROOM IN A
CLEAN AND ORDERLY MANNER. PLEASE RESPECT THE
SPACE AND THOSE WHO WILL USE IT AFTER YOU.
FURNITURE SHOULD BE RETURNED TO A CLASS ROOM
CONFIGURATION OR PLACED AGAINST THE WALLS IN
PERFORMANCE CLASSROOMS.

THANK YOU.

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