

OLQP AUDITORIUM REQUISITION FORM
(Non-Use of Kitchen)

NAME OF GROUP _____

NAME OF EVENT _____

DATE OF EVENT _____

TIMES: Set up: _____ Begins _____ Ends _____

SET UP:

TABLES: Yes No NUMBER _____

CHAIRS: Yes No NUMBER _____

(Attach a diagram for positioning of tables and/or chairs)

AUDIO/VISUAL EQUIPMENT:

MICROPHONE: Yes No On (floor) or on (stage)

SCREEN (ON STAGE): Yes No

VIDEO EQUIPMENT: Yes No

DESCRIPTION OF EVENT: _____

PERSON REQUESTING USE OF AUDITORIUM:

Print Name

Signature

Telephone No.: _____

Dated: _____