

FORM C**Rose Theatre & Lecture Hall**

Fax to: (901) 678-0843

Name of Event: _____

Date of Event: _____ Event Start & End Time: _____ to _____

Contact Person: _____ Phone: _____

E-Mail: _____ Fax: _____

Address or Office : _____

Organization or Sponsor: _____

Date Submitted: _____ *Please call 678-5677 or email rosetheatre@cc.memphis.edu**and specify your event needs in advance.**Contact must be made within 10 days of the event.*

Date Contacted: _____

Space to be Reserved : Stage Main Lobby Entertainment LobbyWill there be any fees charged to attendees, admission or otherwise: Yes No Bringing Food? (Requires Approved Food Exception Form)Estimated Attendance : _____ Catered: Yes No **Forms & Notifications****Required?****Approved?****Form A**

(General public, Off-campus Speakers or attendees)

Y N Y N **Solicitation of Funds**

(If admission is being charged)

Y N Y N **Food Exception**

(If not using Dining Services)

Y N Y N **Security Notification Form**

(Any event involving over 100 students or off-campus attendees)

Y N Y N **Parking Notification Form**

(Any event involving over 100 off-campus attendees or if you need access to the ZC Garage)

Y N Y N **OFFICE USE ONLY**

x Hrs =

Charges: Rental Fee: _____ Tech Time: _____ Total: _____

These charges are estimates only, and do not include any fees that may be assessed later, such as damages or additional hours.

I, the undersigned, clearly understand that I have Full Responsibility for all of the above arrangements, and am familiar with, and agreeing to: all fees, policies, and rules regarding the Rose Theatre. Completion of this form does not guarantee a reservation. Please contact the Rose for availability._____
Signature of the Advisor, Dept. Chair or Responsible Official_____
Phone_____
Department_____
Acct#