

RICKMAN AUDITORIUM

Request for Use by School Group

School: _____ School Group: _____

Purpose: _____

Date(s) Requested: Month: _____ Day(s): _____ Year: _____

Person(s) In Charge Of Activity*: Print Name (s): _____

Signature*: _____

Cell Phone: _____ Email: _____

Entry Time to Building for Rehearsal: _____ For Show: _____

Time of Rehearsal: _____ Time Doors Should Open to the Public: _____

Time Activity Starts: _____ Time Activity is Expected to End: _____



Would you like for Fox C-6 Productions to record your event?*: YES*** / NO **Please Indicate**

Equipment Needed: # of Mics _____ # of Wireless Mics _____ Choir Mics Piano Projector Podium Risers

Choral Shells Platforms # of Chairs _____ # of Music Stands _____ # of Spotlights _____ **Special Request /**

Setup Instructions for Activity: _____

_ Please give at least one alternative date: (This is used at the time of booking, if your first choice is not available)

1st Alternative Date: _____ 2nd Alternative Date: _____

PRINCIPAL'S SIGNATURE: _____ DATE SIGNED: _____

APPROVED/ADDED TO THE DISTRICT CALENDAR: _____

Please return to Trey Jimenez via email at JimenezT@foxc6.org

Contact Info: JimenezT@foxc6.org 314-956-1846

*By signing this form I understand that if this event is cancelled notification must be given at least 24 hours in advance to Trey Jimenez. Failure to provide this notice will result in your group being charged \$250.00.

**Minimum order of 15 DVDs.

***Person(s) in charge of activity are responsible for providing proof of recording rights no later than 3 days prior to the event. Failing to provide said rights will result in the cancellation of the recording of said event.