

HARRAL AUDITORIUM STUDENT REHEARSAL REQUEST

Rehearsal Date(s): _____

Weekly: (For current semester only) _____

Start Time: _____

End Time: _____ (please estimate based on worst case scenario)

Student Name: _____

Student Contact Number: _____

Does the requested date and time conflict with any pre-existing auditorium reservation? _____

(please reference online calendar, <https://www.wbu.edu/academics/schools/school-of-music/harral-auditorium/reservation-calendar/index.htm>)

Any other specific details or requests not mentioned above? _____

If yes, please list:

Please return completed form to Harral Auditorium Supervisor