



FACILITY REQUEST FORM

(Please return to Facility Mail Box)

communicate & confirm: ☐ PAC ☐ PEA

Date Issue: _____

Request Number (Facility office use only): _____

(Please quote this request number in all correspondence.)

☐ Cleaning

☐ Security

☐ Regular Maintenance

☐ Special Maintenance

☐ Room/Facility Booking

☐ Safety

☐ Update information

For Room / Facility booking.

Date/Time Required for Set-up: _____ from _____ to _____

Date/Time Required for event: _____ from _____ to _____

Date/Time Required for Pack up: _____

Staff Name: _____ Number of participants: _____

Location/Room Number/Area/Apartment: _____

Request (Please give all necessary details, including layout, number of seats, sketch or design. Attach if necessary):

Signature:

FACILITY REQUEST ACKNOWLEDGEMENT

Receive on: _____

Due by (if appropriate): _____

Facility Comment:



NIS Theatre Bookings Request Form

Organization:

Contact Name:

Purpose:

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Date/s: **Time/s**

Required: Theatre Lighting *yes/no* Lighting Operator *yes/no*

 Sound System *yes/no* Sound Operator *yes/no*

 Microphones *yes/no* Number of mics.

(Note: You must have your operator for sound and lights approved by Facility Dept.)

(Ask for a list of available equipment for use or hire)

Piano *yes/no* Dressing Room *yes/no*

A/C *yes/no* Seating *yes/no*

No. of seats

(Please supply a diagram of how seating should be arranged)

Other requirements (please specify clearly)

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