

USA Faculty/Staff Application for Use of Laidlaw Performing Arts Center Facilities

Name of Faculty/Staff Applicant _____ Date of Application _____

ROOMS REQUESTED FOR YOUR EVENT (Check all that apply)

____ Recital Hall ____ Green Room ____ Rehearsal Room 1230
____ Classroom 1102 ____ Classroom 1106 ____ Front Lobby for Reception, Display or other use
____ Classroom 1127 ____ other rooms (specify) _____

DATE(S) AND TIMES NEEDED FOR YOUR EVENT (be specific!!)

_____ Date(s) this event will take place, including any possible approved rehearsal dates
_____ Times the space is needed for date(s) of your event, including **initial setup** to **final cleanup**
_____ **“Actual start time”** for each event date (time the event actually begins)

INFORMATION ABOUT YOUR EVENT -- Please state specifically the “title” of your event, the actual nature of your event and what will occur at your event. Include number of participants involved and the expected attendance.

EQUIPMENT NEEDS FOR YOUR EVENT -- Please see the attached *rules* for items that USA LPAC may provide various users. In the space below, state your needs for each room OR attach a setup sheet/diagram stating same.

INFORMATION ABOUT THE USA APPLICANT AND DEPARTMENT REQUESTING USE OF LPAC FACILITIES

Faculty/Staff Applicant _____ Rank/Position _____
Applicant’s telephone _____ Applicant’s mobile phone _____
Applicant’s email _____ Applicant’s fax _____
Applicant Address _____ City _____ State _____ Zip _____
USA Sponsoring Department _____ Department phone _____
Sponsoring Department Chair _____ Secretary _____

“I have read the ‘Policy and Rules,’ ‘USA Camps, Conferences and Special Events Policy,’ and ‘Scheduling and Procedures for Charges and Billing’ (separate documents) for use of the Laidlaw Performing Arts Center rooms and will insure that all participants in my event comply with them. I understand that acceptance and approval of this application is subject to review by the University of South Alabama, the Department of Music Scheduling Committee, and the Chair of the Department of Music.”

Applicant’s signature _____ Date _____
Sponsoring Department Chair signature _____ Date _____

Return completed application to: Keith Bohnet, Events Coordinator, USA Department of Music
Laidlaw Performing Arts Center, 5751 USA Drive S., Mobile, AL 36688-0002
251-460-7116 or 251-460-6136; fax 251-460-7328; kbohnet@southalabama.edu

----- (Please do not write below this line -- Section below to be completed by USA and Music Department staff) -----

USA Administration approval signature (if needed) _____ Date _____
Scheduling Committee approval signature (if needed) _____ Date _____
Music Department Chair approval signature (required) _____ Date _____