

NSC CLASSROOM RESERVATION FORM

PRIMARY USER NAME

CHOOSE ROOM

PHONE

* ACCESS TO NSC 183 IS ONLY AVAILABLE TO STUDENTS IN OFFICIALLY SUPPORTED PRODUCTION CLASSES.

CARD CHECK-OUT DATE CARD CHECK-OUT TIME

Month:

Day:

KNIGHTS EMAIL

CARD CHECK-IN DATE CARD CHECK-IN TIME

Month:

Day:

CLASS PROJECT

COPRODUCER (If Applicable)

DIRECTOR WILL CONDUCT CHECK-OUT/CHECK-IN

DIRECT APPROVES COPRODUCER TO CONDUCT CHECK-OUT/CHECK-IN

PURPOSE: AUDITION REHEARSAL MEETING/EVENT OTHER _____

DO YOU REQUIRE ACCESS TO A/V EQUIPMENT?

SCHEDULE UP TO THREE TIME SLOTS BELOW (TIME SLOTS MAY NOT EXCEED 6 HOURS).

Please check the Film Operational Portal Activity Calendar before submitting a request.

Month:	Month:	Month:
Day:	Day:	Day:
Time Begin:	Time Begin:	Time Begin:
Time end:	Time end:	Time end:

> No reservation is final until you receive a confirmation e-mail from the Film Operations Desk, and/or your reservation appears on its appropriate Operational Portal activity calendar.

> THE PRIMARY USER is responsible for the timely pick-up and return of the access card, and is liable for any consequences that may be incurred if appointment procedures are improperly handled.

> THE PRIMARY USER is responsible for all parties gaining access to, and using the assigned access card. Do not lend this card to anyone else. Do not leave the room unattended with the door open. Report lost or missing cards or classroom items immediately to Film Operations. Access card activities are monitored electronically by the Operations Manager.

> By submitting this form THE PRIMARY USER agrees to return the space to its original setup. This means arranging all chairs/desks to default positions, cleaning up all garbage, removing all personal belongings, turning off the lights, and powering down projector and all other A/V equipment (if applicable).

I HAVE READ AND AGREE TO THESE TERMS OF USE

Primary's Signature

You may submit this form electronically by downloading the PDF, filling it out and attaching it to an email from your Knights mail account.

FOR INTERNAL USE ONLY	
ASSIGNED ACCESS CARD # _____	APPROVAL TO USE A/V _____
	Operations Manager Signature