



California State University Chico

Department of Music, Theatre and Dance

Theatre and Dance - Practice Room Request

Name: _____ Date: _____

Phone: _____ Email: _____@csuchico.edu

Student ID: _____ Major: _____

Room Access Requests

Use your Wildcat email to submit this room request to equivey@csuchico.edu AND CC your instructor. List the day and time, what the class request is for, and the number of people who will be with you. Also mention if you already have building and/or key box access.

List all classes which require the use of a practice room: _____

Room access requests: _____ PAC 010
Group practice/dance studio (mainly theatre/dance students)
 _____ PAC after-hours access
 _____ Other room reservation request _____
Minimum 24 hours in advance

Department Practice Room Policies

- 1) I have a current Wildcat ID card (should have notch at the top).
- 2) I am fully responsible for the key I check out.
- 3) Keys are not to be checked out for someone else's use. They can request their own access.
- 4) If I am not in the room to which I have checked out a key, they key must be returned to the key box and available for another student to use.
- 5) If I am not practicing in a room while I have a key checked out, I may lose access privileges.
- 6) If I do not turn my key to the 12 o'clock position in the key box upon return, it is not properly locked and I remain responsible for that key regardless of who removes it or how it is used thereafter.
- 7) If a key I check out is lost or stolen, I will be charged a \$100 replacement fee.
- 8) If I replace my ID card, I will need to notify the music librarian.

I understand and agree to the terms and conditions stated.

Student's signature _____

Access end date: _____

Department Use Only

Ticket Request #: _____

Academic Year: _____ Semester: FA / SP