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-	

Any other specific details or requests not mentioned above?	
If yes, please list:	

Please return completed form to Harral Auditorium Supervisor