South Studios Room Reservation Form

Name: ________________________________ Date: __________________

Building: □ 1 □ 6

Room No: _______ Start date: ________________

Length of use: □ 4 weeks □ 8 weeks □ extended use*

Please provide a brief description of the project for which you are using the room in the space below. We do not need information on the concept of the project, only its physical parameters.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Projects that require the use of an installation space for longer than eight weeks must be approved by the Director of Art+Design Facilities. Provide a brief explanation of why additional time is necessary below:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Turn this form into the staff in room 240 Art + Design Building.

To be completed after review by Art + Design Facilities Staff.

Room ______ in building ______ is assigned to _________________________ from the _____ of ___________ until the _____ of _____________.

x ________________________________

Failure to vacate the assigned room by the date set forth may result in late fines and the loss of Art+Design Facilities privileges.