



FOR OFFICE USE:	
Confirmed on:	

Winifred Moore Auditorium Request Form

NO SMOKING, FOOD OR DRINKS PERMITTED IN THIS AREA

DATE OF EVENT _____

START TIME OF EVENT _____ RESERVE FROM _____ UNTIL _____

EVENT TO BE PRESENTED _____

CONTACT/SPONSOR FOR EVENT:

NAME _____

DEPARTMENT _____

PHONE _____ E-MAIL _____

Note: Any cleaning required after the event beyond the normal will be charged to the department or individual sponsoring the event.

APPROXIMATE NUMBER ATTENDING _____ (MAXIMUM SEATING - 246, WHEELCHAIR ACCESSIBLE)

PLEASE CONTACT HOUSE MANAGER, DICK BAUER, 968-7485, IF YOU HAVE QUESTIONS ABOUT EQUIPMENT AND/OR AUDIO VISUAL NEEDS. HE MUST BE ON HAND FOR ALL RENTALS.

PODIUM Yes___ No___
MICROPHONE Yes___ No___
PIANO Yes___ No___
TABLE Yes___ No___
CHAIRS Yes___ No___

Regarding publicity about your Event, the University requests that you state information as follows: "The (performance, lecture, film, ect.) is sponsored by (name of **your** organization) and is held in the Moore Auditorium at Webster University. For more information, please call (phone number of **your** organization)."

AUDIO VISUAL EQUIPMENT

____ 16 MM PROJECTOR/S
____ 35 MM PROJECTOR/S
____ 35 MM SLIDE PROJECTOR/S
____ VIDEO PROJECTOR/S

Signature of Renter

Date