



Buffalo State College  
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RECEIVED: \_\_\_\_\_

# Calendar Request

**PERFORMING ARTS CENTER**

**WARREN ENTERS THEATRE**

|   |   |
|---|---|
| Contact: _____                            | Campus / Commercial / Not-Profit  |
| Organization Name: _____                  | If Campus, Sponsoring Dept: _____   |
| Address: _____<br>_____<br>_____<br>_____ | Phone: _____ Fax: _____<br>Cell _____<br>Email: _____<br>Best Time to Call: _____ |

**Name of Event:** \_\_\_\_\_

Type of Event:  Theatre  Lecture  Music  Dance  Other \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Time(s) of Event: \_\_\_\_\_

Other Rooms/Areas Requested: \_\_\_\_\_  
 (ie: dressing rooms, green room, classrooms, etc.)

Admission Charge?  Yes  No  
 Open to Public?  Yes  No  
 Rehearsal time needed?  Yes  No  
 Reception?  Yes  No

Anticipated Audience Size \_\_\_\_\_  
 # of Groups Performing \_\_\_\_\_  
 Total # of Performers \_\_\_\_\_

**NOTES:**

Tent. Hold Sent: \_\_\_\_\_

Usage Manual  yes  no