



## YOUNG AUDITORIUM RESERVATION REQUEST

**PLEASE NOTE THE FOLLOWING:**

- A reservation will be cancelled if the completed form is not received within three weeks prior to the requested date.
- All areas excluding "For Office Use Only" must be completed for reservation request to be considered valid. Please use a separate form for each day the facility is in use.
- If the contracted Campus User cancels this agreement with less than fourteen (14) days notice the user is responsible to pay in full the scheduled labor costs as per the hours scheduled.
- Admission tickets **MUST** be sold through the University Ticket Office at 472-2222. If admission tickets are sold, there will be a 10% fee paid to the Young Auditorium plus a \$1-\$2.25 per ticket facility fee (determined by the ticket price) will be added to the customer cost of each ticket.
- For all items sold in the lobby, Young Auditorium receives a 20% commission after WI sales tax.
- If an event falls on a date where normal custodial service is not provided, the user will incur the custodial cost. If damages occur to the property, the user is responsible.
- Any questions please call (262) 472-4869; e-mail [Youngaud@uww.edu](mailto:Youngaud@uww.edu)

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

Day & Date: \_\_\_\_\_

Facility Use Begins: \_\_\_\_\_ AM/PM    Ends: \_\_\_\_\_ AM/PM *(Total time facility needed including set-up, rehearsal, event, and take-down)*

Catering    Yes / No        Estimated Attendance: \_\_\_\_\_

	<i><u>Auditorium</u></i>	<i><u>Kachel Center</u></i>	<i><u>Terrace</u></i>
Event Begin Time:	_____ AM/PM	_____ AM/PM	_____ AM/PM
Event End Time:	_____ AM/PM	_____ AM/PM	_____ AM/PM

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

UW-W Dept Code (10 digit) \_\_\_\_\_ Billing Address: \_\_\_\_\_

Sponsor Dept./Org: \_\_\_\_\_ Advisor Signature: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### FOR OFFICE USE ONLY

Request Approved <input type="checkbox"/>	Request Denied <input type="checkbox"/>	Notes: _____ _____ _____
Signature: _____		Date: _____
Director <input type="checkbox"/>	Technical <input type="checkbox"/>	FOH <input type="checkbox"/>
		EVENT DATE <input style="width: 100px; height: 30px;" type="text"/>