

Time Stamp

Nightingale Concert Hall and Room Reservation Request Form

Department of Music • MS 0226 • Reno, Nevada 89557
Ph: (775) 784-6145 • Fax: (775) 784-6896

Today's Date _____

Invoice # _____

Venue

Nightingale Concert Hall
 Dressing Rooms CFA 014 CFA 110 CFA 112 CFA 134 Other _____

Event Type

Degree Recital * Jr. Sr. Grad. Elective Recital * Faculty Recital Estimated Attendance _____
 Other _____
 Performance Medium: Speaker Dance Vocal Instrumental
(please specify) _____

Event Description (One Form for Consecutive Performances)

Event Title _____ Ticket Price(s) _____

Performing Group(s) _____ number of members _____ Faculty Advisor _____

Performance Date _____ Time _____ Rehearsal Date _____ Time _____
 Performance Date _____ Time _____ Rehearsal Date _____ Time _____
 Performance Date _____ Time _____ Rehearsal Date _____ Time _____
 Performance Date _____ Time _____ Rehearsal Date _____ Time _____

Technical Requirements
(check all applicable items for performance dates only)

1) <input type="checkbox"/> Full <input type="checkbox"/> Short Stage Size Theater (No Concert Shell) 2) <input type="checkbox"/> Chairs # _____ * 3) <input type="checkbox"/> Stands # _____ * 4) <input type="checkbox"/> Piano #1 <input type="checkbox"/> Piano #2 <input type="checkbox"/> Harpsichord * 5) <input type="checkbox"/> Piano Tuning * 6) <input type="checkbox"/> P.A. System for announcements * <input type="checkbox"/> Sound Reinforcement * 7) <input type="checkbox"/> Tables #: _____ Where : _____ Chairs Per : _____ *	8) <input type="checkbox"/> Standing Choral Risers Quantity: _____ * 9) <input type="checkbox"/> Seated Risers Quantity: _____ * 10a) <input type="checkbox"/> Conductor's Podium * 10b) <input type="checkbox"/> Lectern * 11) <input type="checkbox"/> Ticket Booth * 12) <input type="checkbox"/> Audio Recording-Package <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 * 13) <input type="checkbox"/> Audio Feed for Video Recorder 14) <input type="checkbox"/> Reception in Room * _____
--	--

***Fee Assessed**

Describe set-up details and all other requests : _____

Billing Information

Organization _____ Phone _____

Person Responsible for Payment _____ E-mail _____

Mailing Address _____

City _____ State _____ Zip Code _____ Fax _____

Technical Contact _____ Phone _____ E-mail _____

Office Use Only (Initial and Date)

1. Admin/NCH Calendar _____	2. Room Calendar _____	5. NCH Final Approval _____
3. Music Accounting _____	4. Dept. Chair _____	Scheduling : Yes No Denied : _____

Billing Category _____ \$ _____ Applicant Billing Office Binder NCH Manager NCH Binder