

Lorena PAC Request Form

Personal and Organization Information		
Requestor's Name		
Organization		
E-mail		
Phone		
Fax		
Contact address		
Event Information		
Date(s) requesting		
Time of day		
Brief description of event		
Do you require sound? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you require specific lighting? Yes <input type="checkbox"/> No <input type="checkbox"/>	# of chairs needed on stage:
Do you require a podium? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you have ushers? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you have stage hands? Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Needs:		
<p>I AGREE TO BE RESPONSIBLE FOR ANY DAMAGE(S) THAT MAY RESULT FROM OUR USE OF THIS FACILITY AND TO PAY THE FEE AS CALCULATED ON THE "PAC BILLING FORM."</p> <p>SIGNATURE: _____ DATE: _____</p>		
PAC Use Only		
Approved Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Approved:	Approved by:
Sound Tech:	Event Manager:	
Light Tech:		
Deposit Amount:	Deposit Paid: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Deposit Paid:
Total Fee:	Total Fee Paid: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Total Fee Paid:

