

APPLICATION FOR USE OF PRACTICE ROOM

[Subject To Availability]

NAME _____ DATE _____

STREET _____ TEL.# _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

ARE YOU A STUDENT? YES ___ NO ___ WHERE? _____

SMITH AFFILIATION? _____

REASON FOR USE OF ROOM? _____

INSTRUMENT: _____

INDICATE WHEN YOU WILL USE ROOM: _____
DAY(S) TIME

CHAIR APPROVAL YES NO _____

SIGNATURE OF CHAIR

Five College Student: No Charge
Non Five College Student: \$25/year