



MCKENNA AUDITORIUM REQUEST FORM

Current Date: _____ Approved: _____

Day/Date Needed: _____ Time: from _____ to _____

Responsible Party: _____ Signature: _____

Phone Number: _____ Event: _____

<p>Entrance</p>	<p>Stage</p>
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Equipment Requested: _____

Audio-visual requests should be submitted directly to: IST Help Desk, ext. 70911.