Emory University Department of Music

Performing Arts Studio (PAS)
Event Reservation request form

Please complete and return this form, either electronically or in hard copy to:

David Clements, PAS Operations Manager
djcleme@emory.edu
Department of Music, 1804 North Decatur Road NE, Atlanta, GA 30322

General Information and Guidelines:

This form is to be used by Emory faculty, staff, and students only. If you are not affiliated with Emory, please contact David Clements directly via email.

Priority will be given to requests made at least 30 days prior to the event.

Most events in the Performing Arts Studio (PAS) will be charged a Space Utilization Fee. This fee helps offset costs to the Department for hosting your event. This fee is due 7 days prior to your event or your first rehearsal date, whichever is sooner. If the fee is not received by that date, your event will be cancelled. This fee is not refundable.

No political, religious, or fundraising events may be held in PAS.

The Event Sponsor assumes full financial responsibility for any damage to PAS facilities or equipment, or for any theft of PAS equipment that might occur during the event and/or related rehearsals.

Once your completed request form is received, you will be contacted within three business days about the availability of PAS for your planned event. If your event will require production services beyond what we normally provide, you will also receive information about additional costs and options for obtaining those services, either from Emory or from an outside vendor.

Today’s Date____________________

Organization or Department________________________ Smart Key________________

Event Sponsor’s Name, Phone, and Email Address _________________________________

________________________________________________________________________

________________________________________________________________________
If the Event Sponsor is not a member of the Emory Faculty:

Faculty Sponsor’s Name and Campus Address______________________________________

Faculty Sponsor’s Phone and Email Address_______________________________________

Title of Event_______________________________________________________________

Requested Date(s) and Time(s) of Event_______________________________________

Nature of Event (musical performance, theater, dance, lecture, etc.)_________________

Estimated Attendance____________________

Briefly describe the event:

I, the Event Sponsor, have read the guidelines described above, agree to abide by those guidelines, and accept the responsibilities entailed therein.

_________________________________________  ____________________________
Signature of Event Sponsor                              Date