



Russell Auditorium Request Form

Arizona Department of Emergency & Military Affairs

Requesting Organization: _____ Today's Date _____

Requestor Information

Name _____ Email _____
 Address _____ City _____ State ____ Zip Code _____
 Office Ph _____ Cell Ph _____

Point of Contact (POC) Information

Same as above

Name _____ Email _____
 Address _____ City _____ State ____ Zip Code _____
 Office Ph _____ Cell Ph _____

Event Details

Date	Start Time	End Time	# of Attendees	Activity or Training Event
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Comments

I will bring my own A/V equipment (describe below).
 I will use existing auditorium A/V sem have no A/V requirements.

I require A/V support/training.
 I do not require A/V support/training.
 Not applicable.

*Are any General Officers invited to attend or attending? Yes: No:
 If yes, please explain: _____

*Are any state or federal elected officials invited to attend or attending? Yes: No:
 If yes, please explain: _____

Submit completed form to shannon.e.lancaster.mil@mail.mil Questions? Call (602) 267-2758.

FOR USE BY ADMINISTRATIVE SERVICES OFFICE ONLY

Request Approved Yes No (if applicable) Reason: Already booked Maintenance Other _____

Approved by _____ Reply sent Yes No Date _____ Security Required? Yes No Fee: \$ _____

Method of payment: Check Cash Cashier's Check/Money Order Not Applicable _____