

Today's Date _____

Crescent Underground Dance and Aerobics Studio Reservation Form

Please complete this form and return it to the Operations Manager, Ezra Stiles
Head of College's Office.

Name of ES/Morse Student _____

SID: _____ Class Year: _____ Email: _____

Room Number/Apt. Address _____ Cell phone number _____

Name of Group/Organization _____

Description of Activity/Dance and type of footwear:

Number of participants: _____

Do you agree to clean up after using the studio and leave it in good condition? _____

Will you close the door after each use when you finish with the space? _____

Day/Time of Single Use Request (Max of 3 hours in a single week): _____

Requested Days/Times for semester-long reservation (Max of 3 hours in a single week)

I understand that this facility is primarily for Ezra Stiles and Morse College students and that permission to use the room needs to come from the Head of College's Office. Failure to comply with the rules of the room can lead to cancellation of room privileges for an individual or an organization for one or more semesters.

I agree to be responsible for the studio as well as for orderly conduct and proper use of the space. I understand that only appropriate dance shoes are allowed on the Dance Studio floor; no street shoes and no tap shoes are allowed; that no food or drink is allowed in the space; and that there is a three hour per week maximum per individual and/or group.

I have read and agree to abide by the rules and regulations outlined on this request form.

Signature _____

Permission is granted by the Head of College Office for the event/function described above:

Signed _____