



BOOK A ROOM

Submit completed form to the SFI Equipment cage, or email to cage@sfi.edu

FIRST AND LAST NAME *

EMAIL *

PHONE NUMBER

START DATE/TIME *

END DATE/TIME *

ROOM SELECTION *

- STUDIO A
- STUDIO B
- ACTING ROOM
- LOBBY
- THEATER
- FAB LAB
- OTHER: _____

PLEASE PROVIDE A BRIEF OVERVIEW OF YOUR PRODUCTION OR HOW YOU WILL USE THE SPACE. *

STAFF NOTES

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