



## FACILITY REQUEST FORM

ALL SIGNATORIES ARE LIABLE FOR ALL EQUIPMENT AND FACILITY USE.  
TO AVOID LATE FEES, ALWAYS CALL TO POSTPONE OR CANCEL.

**\*\*Please submit this request at least 5 days in advance, if possible.\*\***

NAME OF PRODUCTION \_\_\_\_\_  
DATE OF SUBMISSION: \_\_\_\_\_ (Staff Initial upon receipt, include date)

### FACILITY REQUESTED

- \_\_\_\_ EDIT SUITE  
\_\_\_\_ CONTROL ROOM ONLY  
\_\_\_\_ STUDIO ONLY  
\_\_\_\_ STUDIO AND CONTROL ROOM  
\_\_\_\_ CONFERENCE ROOM  
\_\_\_\_ FIELD EQUIPMENT\*  
\_\_\_\_ OTHER (specify): \_\_\_\_\_

Purpose for request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DAY AND TIME OF REQUEST (Must be within operating hours of WCCA)  
WCCA maintains the right to pre-empt your request at any time.

**FIRST CHOICE:** DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**SECOND CHOICE:** DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

SIGNATURE of REQUESTER \_\_\_\_\_  
PHONE \_\_\_\_\_

STAFF SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### \*FIELD EQUIPMENT

PICKED UP ON: DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
RETURNED ON: DATE: \_\_\_\_\_ TIME: \_\_\_\_\_