

STUDIO REQUEST FORM

Save File as: YRMMDD_LastNameFirstNameMiddleInitial, such as 160218_DoeJohnC
 Email the completed form to: StudioRequest@southplainscollege.edu email Subjet = 

Name _____ Date/Time _____ / _____

Email _____

Phone _____

- | | | |
|-------------------------------------------|----------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Audio IV | Course/Session Type | <input type="checkbox"/> Tracking |
| <input type="checkbox"/> Audio III | | <input type="checkbox"/> Mixing |
| <input type="checkbox"/> Audio for Video | | |
| <input type="checkbox"/> Audio Post-Prod. | | <input type="checkbox"/> Priority (Booked more than 2 days in advance) |
| <input type="checkbox"/> Remixing/Scoring | | <input type="checkbox"/> Personal (Booked 2 or less days in advance) |

- ☐ Waylon Jennings Studio
- ☐ Audio Post-Production Suite
- ☐ CB122/Clearmountain & Redd Stewart
- ☐ CB122/Clearmountain Only
- ☐ Tom T. Hall & Redd Stewart
- ☐ Tom T. Hall Control Room Only
- ☐ CA170 Mixing Studio

Studio

**“Indicate
preference using
1, 2, 3, etc.”**

Time Slot

1st Choice

Date _____ Day _____

Session Slot: ☐ 1 ☐ 2

1= 6:30p-10:00 (Fri 9a-12:30)

2= 10:30p-2:00a (Fri 12:30-4:00)

2nd Choice

Date _____ Day _____

Session Slot: ☐ 1 ☐ 2

1= 6:30p-10:00 (Fri 9a-12:30)

2= 10:30p-2:00a (Fri 12:30-4:00)

Notes: