

**ANDREW W. MELLON
AUDITORIUM**

ACCESS SCHEDULE

FAX: 202 786 0022

Event Name: _____

Event Date: _____

DOOR	TIME OPEN	TIME CLOSED	FUNCTION
FRONT DOORS:			
(Guest Entry)			
EAST WOODEN DOOR:			
(Load In/ Out)			
WEST WOODEN DOOR:			
(Load In/ Out)			
*EAST REAR GLASS DOOR:			
(VIP Entrance)			
*WEST REAR GLASS DOOR:			
(Kitchen Tent)			

Name of the person completing this schedule: _____

Contact Phone Number: _____

*There is a \$500.00 security fee to have access to this door

Please use the following terms to describe function:

- Load in/ Load out
- Guest Entrance
- Kitchen Entrance
- Other (Please specify)

