

**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 \$630.00 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)