



Saybrook College Recording Studio Application

First Name

Last Name

E-mail Address

Residential College

Name of Organization (if applicable)

Position in organization (if applicable)

Mobile phone #

Why would you like to use the recording studio?

By typing my name below, I agree that I have read and understand that failure to abide by the rules presented in the *Saybrook Studio Guide and FAQ* may result in fines, loss of privileges, and potential disciplinary action by the Head of College

For Official Saybrook College Office Approval Only:

Approved by:

Title: