

Band room registration

fixed rehearsal time

Weekday	
Time of day	

OR

without fixed rehearsal time

Band information (if available)

Band name	
Number of people	

Persons authorised to use the keys

Person 1

Name			
Surname			
Street		Street number	
Postal code		City	
Phone number			
E-mail			

Declaration of consent

I hereby accept the terms of use for the band rehearsal room. Violation of the terms of use will result in termination of the possibility to use the room. The AStA expressly reserves the right to further consequences.

Date, Signature _____

Person 2

Name			
Surname			
Street		Street number	
Postal code		City	
Phone number			
E-mail			

Declaration of consent

I hereby accept the terms of use for the band rehearsal room. Violation of the terms of use will result in termination of the possibility to use the room. The AStA expressly reserves the right to further consequences.

Date, Signature _____

