Request for University Facilities/Event Planner Form
Office of Facilities Scheduling (WH-B485)
Office of Risk Management (Physical Plant)
Loker Student Union
Office of Student Life

Applicant/Organization ____________________________________________
(Check which most closely describes your organization)

☐ Campus Department/Auxiliary ☐ Off-Campus Governmental Agency ☐ Off-Campus Non-Profit (IRS 501(c)(3))
☐ Student/Greek Organization ☐ Off-Campus for-profit (Must provide proof)
☐ Co-Sponsor ☐ Other _______________________

Contact Person: _________________________
Phone/Dept Ext. _______________________
Business No.: _________________________
Mobile no.: _________________________
Contact E-mail: _________________________
Address: _______________________________________________________________________

City: ____________________________ State: ____________ Zip: __________________________

Advisor*: ____________________________
Advisor Ext./Email: ____________________________
*Required for Student Clubs and Organizations

NAME OF PROGRAM/EVENT:

Event Date _________________________
Start time: __________   End Time: __________
Set-up Time: ____________ Tear Down Time: __________
Registration/Ticket Price(s): __________
Estimated Attendance: On-Campus __________ Off-Campus __________
Under 18 __________
Number of cars parked on campus __________ (Parking services may require permits)
Description of Program: _______________________________________________________________________

(Parking services may require permits)
The Proposed Event: (please check all that apply)

☐ is a dance/concert
☐ involves the serving of alcohol
(Must submit Request to Serve Alcoholic Beverages Form)
☐ will have cash/donations collected
(i.e., tickets sold at the door)
☐ will have the media notified about the
   event.
   (Newspaper, television, radio station, etc.)
☐ will sell a product or service
   (books, shirts, CDs, etc…)
☐ is a Club meeting
☐ other __________________________

☐ involves amplified sound
☐ has an expected attendance of over 100
☐ will be a casino night event or involve
gambling, raffles or prize drawings
☐ will display or offer goods and services in
   connection with the event
   (Requires "Application for Permit to Engage in Commercial Transactions
   or Solicitations")
☐ will have a vendor or exhibitors as part of
   the event
☐ will distribute advertisement/flyers
   (specify locale)

☐ will require special set-up or equipment needs:
   __________________________________________

☐ Will have food served or catered.  * If so, who is providing? __________________________
   Indicate type of service (circle one)
   Buffet / Sit Down Meal / Coffee Break / Reception / Potluck
   * “Request for Exception from Catering Policy” form is Required for: Potluck, Bake/Food Sale or
   food provided by an Off-Campus caterer.
Facility Requested: (Facility Use Policies and Rental Fees may vary by facility.)

- University Theater
- Sculpture Garden
- Recital Hall (LCH A103)
- Claudia Hampton Hall
- Classroom (Specify) ______
- Other ________________
- ERC Forum Deck

- Loker Student Union
- Grand Ballroom
- Meeting Rooms
- Conference Room
- South Walkway (Vendor)
- Other ________________
- Athletic Facilities
- Torodome/Gym
- Combatives
- Other ________________
- Housing/Residence Halls

I certify that the information provided is an accurate description of the proposed campus event. Failure to provide accurate information may result in your event being cancelled. I have reviewed the Campus Event Policy and I fully understand my responsibilities as a representative of the sponsoring organization.

Applicant/Organization Signature: ________________________________
Date: ________________________

For Office Use Only:

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<tr>
<th>Request</th>
<th>Approved</th>
<th>Denied</th>
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| Reviewed | Budget Required | Event Planning Meeting Required by: _______

Required Notifications/Authorizations:

- Vice President   AA/UA/SA/AF   ____________________
- Director Procurement/Contracts   _________________
- Parking Services   ____________________
- University Police   _________________
- Physical Plant Operations   _________________

Event Approval:

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<thead>
<tr>
<th>Office/Department</th>
<th>Authorized Signature</th>
<th>Date</th>
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Facility Approval:

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<thead>
<tr>
<th>Facility</th>
<th>Authorized Signature</th>
<th>Date</th>
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Notes: ____________________________________________________________