

# Non-Affiliated Use of Facilities Application

Applicant Information		
Name of Entity Requesting Use of Facility:		
Primary Contact Person:	Email:	Phone:
Contact Person for Day of Event:	Email:	Phone:
Entity's Mailing Address:		
City:	State:	ZIP Code:
Type of Entity:		
General Event Information		
Name of Event:		
Description of Event Activities/Purpose:		
Date(s) of Event: Start Date - End Date:		Time(s):
Is the event open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No No. of People Expected to Attend	Will Event be publicly advertised? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, marketing materials must be reviewed by the University's Office of Communication & Marketing prior to advertising)	
Will admission be charged or other sales be made at the Event? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Setup Required:
Is the event primarily for minor children? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are multiple locations needed for the Event? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, a separate application needs to be completed for each facility requested.)	
Specific Event Needs		
Please check all of the following that are needed for your Event:		
<input type="checkbox"/> Catering/Food Service ( <b>Dining Services</b> ) <input type="checkbox"/> Reserved Parking <input type="checkbox"/> Concessions <input type="checkbox"/> Audio Visual <input type="checkbox"/> Security (University may require)	<input type="checkbox"/> Podium <input type="checkbox"/> Chairs - How many? <input type="checkbox"/> Tables - How many? <input type="checkbox"/> Projector <input type="checkbox"/> Screen	<input type="checkbox"/> Amplification/Sound System <input type="checkbox"/> Electrical Hookup (outdoor venue) <input type="checkbox"/> Overnight Accommodations in Residence Hall
Facility Requested for Use (In descending order of preference, list below the facilities being requested for use):		
1 <sup>st</sup> Choice: Name of Building:		Room Number:
2 <sup>nd</sup> Choice: Name of Building:		Room Number:
3 <sup>rd</sup> Choice: Name of Building:		Room Number:
Certifications and Acknowledgments (Applicant must check / agree to all items below):		
<input type="checkbox"/> I have read the <b>University's Access to and Use of Campus Property and Facilities Policy</b> and certify that my intended use of the University's facilities will fully comply with the policy's provisions and any federal, state or local law or regulation.		
<input type="checkbox"/> I have read the <b>University's Minors on Campus Policy</b> and agree to abide by the requirements, including providing an attestation of compliance, if applicable.		
<input type="checkbox"/> I understand that the cost estimate provided to me by the University is not firm and may be subject to change based on actual use.		
<input type="checkbox"/> I agree to provide proof of sufficient liability insurance listing the University as an additional insured if requested by the University, who may determine required coverage limits of insurance in its sole discretion.		
<input type="checkbox"/> I understand that the contact person listed above for Day of Event must be present at the Event at all times.		
Signature of Applicant:		Date:
Printed Name of Signatory:		