FACILITY REQUEST FORM

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<th>FACILITY REQUEST FORM</th>
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<tbody>
<tr>
<td>Approved: ___ Not Approved ___</td>
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<tr>
<td>Approved by: ___________________</td>
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<tr>
<td>Date: ___________________</td>
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<tr>
<td>*Security required: ___Yes ___ No</td>
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<tr>
<td>Number of Officers required: __________</td>
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Facilities requests must be made at least ten (10) business days in advance. Please notify this office of any changes (head counts, cancellations, etc.) or if your confirmation is not received within seven days (7) of the event. If contracts are required, all financial documentation must be forwarded to the Office of Student Life and Planning sixty (60) days prior to the event.

**Confirmation Status (For Office Use Only)**

| Approved: ___ Not Approved ___ |
| Approved by: ___________________ |
| Date: ___________________ |
| *Security required: ___Yes ___ No |
| Number of Officers required: __________ |

Today’s Date ___________________ Date of Event ___________________

Requesting: ___Gymnasium ___Conference Room 1, 2 or 3 ___ Dance Studio ___TV Lounge ___Pool ___Other __________

Sponsoring Organization: ___________________________________________

Requestor: __________________________________________ Phone: ___________________

Email Address: __________________________________________ Schedule Time (include setup/breakdown time): From _______ To _______

Event Type: ___Meeting/Seminar ___Workshop/Lecture ___Dance ___Other _______

Equipment Needed: ___Yes ___No List: ____________________________

Expected Attendance: _____ Open to Public: ___Yes ___No *Admission Charge: ___Yes ___No (If yes, Campus Police will be needed)

I understand that by signing this facilities request, my organization and I are financially responsible for any damage that may be caused by the event participants. I also understand that my organization is responsible for providing adequate security (if required), I further understand that as advisor, I must be present at the event or the event may be cancelled.

Signature of Advisor: __________________________________________ Date: ___________________

Signature of President: ________________________________________ Date: ___________________

A FACILITY APPROVAL DOES NOT GUARANTEE EVENT APPROVAL AND VICE-VERSA. BOTH EVENT AND FACILITY REQUISITIONS MUST BE APPROVED IN ORDER TO HOLD SPONSORED STUDENT EVENTS.

Approved: ___ Denied: ___ Office of Student Life & Planning Signature Date: ___________________

I certify that I have met with representatives from the above listed organization and have approved the security plan for the event.

______________________________
Campus Police Representative (Print Name) Signature Date ___________________

Please return this form to the Department of Recreation, Intramural & Fitness on the 2nd floor of Archer Hall, room 213. Prior to advertising your event, you must: (1) Submit a copy of the Approved Event Form from the Office of Student Activities and (2) Receive confirmation of the facilities request.

*PLEASE PROVIDE EVENT DETAIL ON THE BACK OF THIS FORM.*
EVENT DESCRIPTION

PLEASE PROVIDE A DETAILED DESCRIPTION OF YOUR PROGRAM:

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If you need additional space please add on a separate sheet and attach to this form.