

## Facility Request Form

ORGANIZATION REQUESTING FACILITY:		DATE:    /    /
PERSON MAKING REQUEST:	TELEPHONE Work: _____ Home: _____	
NATURE OF ACTIVITY (business meeting, lecture, fundraiser, etc.):		
DATE OF EVENT: Day of Week: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat Month: _____ Day: _____ Year: _____	TIME OF EVENT: Beginning: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Ending: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
ESTIMATED ATTENDANCE: _____		
E-MAIL ADDRESS: _____		
ADDITIONAL INFORMATION CONCERNING EVENT (room set-up, equipment needs, etc):		

### Signatures Needed for Approval

Person Requesting Facility: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Faculty/Staff Advisor (*if applicable*): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Supervisor of Facility: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Catering Service Director: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student Life Office: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***Office Use Only:***

Facility Charge: \_\_\_\_\_

Technical Assistant Charge: \_\_\_\_\_

Security Notification: \_\_\_\_\_

Campus Calendar: \_\_\_\_\_