

Facility Request Form **Due at least two weeks prior to event**

Event/Activity:	
Day/Date of Event	
Start Timeam/pm End Timeam/pm	
Setup Date/Time	
Facility/Location (e.g., Arena, Pool) Requested	
Anticipated Attendance	
Brief Description of Party or Event	
Set-Up and/or Equipment Requirements (be specific)	
Will food be served? yes no	
——• ——	
Is Alpha K9 U providing food/drinks/deserts, etc.?yesno	
Is Alpha K9 U providing invitations or confirmations?yesno	
Is Alpha K9 U providing pictures/video?yesno	
Is Alpha K9 U providing decorations, paper products?yesno	
Admission/Income of any type? yes no	
Will this event be open to the public?yesno	
Is there outside vendors selling product(s) at this event?yesno	if
yes are you subleasing "booth space" to such vendors?yesno	
Insurance required yes no	
General Liability Insuranceyesno	
Workers Compensation Insurance ves no	

Contact Person	
Title	
Address	
Address7	ZIP
Email	
Telephone ()	
Daytime Telephone ()
FEIN/SS #	
FAX #	
_	ntion Representative (required if applicable)
	Date
EOD OFFICE LISE ONLY	\$7-
FOR OFFICE USE ONLY	
Insurance Required?	•
General Liability Insu	
workers Compensation	on Insuranceyesno
Charges/Fees:	
Facility Charges Estin	nate \$
Staff/Labor Estimate	
Misc. Charges \$	
Misc. Charges #	
SIGNATURES: (Requir	red for Processing)
` •	e to abide by University guidelines & regulations
and governing use of	
and governing use of	space (attacheu).
Applicant	
D .	
Date	
Date	
	