



APPLICATION FOR USE OF UNIVERSITY FACILITIES

FACILITY(IES) REQUESTED: _____

NAME/TYPE OF EVENT: _____

**For outdoor facilities, call 353-3000
 (press 3, then 2) for rain out status.**

CHECK ONE OR MORE BOXES:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Program | <input type="checkbox"/> Promotional Activity | <input type="checkbox"/> Meeting | <input type="checkbox"/> Competitive Contest |
| <input type="checkbox"/> Open to Public | <input type="checkbox"/> Fund Solicitation | <input type="checkbox"/> Closed to Members | <input type="checkbox"/> Other: _____ |

DESCRIPTION OF EVENTS:

<u>DATE(S) OF USE:</u>	<u>FACILITIES REQUIRED:</u>	<u>TIME REQUESTED:</u>	<u>TOTAL HOURS:</u>	X	<u>RATE:</u>	=	<u>FEE:</u>
_____	_____	_____ to _____	_____		_____		_____
_____	_____	_____ to _____	_____		_____		_____
_____	_____	_____ to _____	_____		_____		_____
_____	_____	_____ to _____	_____		_____		_____
_____	_____	_____ to _____	_____		_____		_____
_____	_____	_____ to _____	_____		_____		_____
_____	_____	_____ to _____	_____		_____		_____

EQUIPMENT REQUIRED: _____

STAFF REQUIRED: _____

RENTAL FEE:	_____
EQUIP. FEE:	_____
STAFF FEE:	_____
CONCESSION:	_____
MISC. FEE:	_____
TOTAL FEE:	_____

CONDITIONS: (Also see back of sheet)

- Applicant/Lessee agrees that any activity conducted will be in accordance with all pertinent University Lessor regulations and policies as well as any applicable federal, state, or local laws.
- Any unusual expenses incurred by the University resulting from this activity shall be the responsibility of the user.

NAME OF APPLICANT: _____ PHONE - HOME: _____ WK: _____

ADDRESS: _____ EMAIL: _____

ORGANIZATION: _____ CAMPUS ADDRESS & PHONE: _____

ADDITIONAL CONTACT: _____ HOME: _____ WK: _____

SIGNATURE OF APPLICANT: _____ TITLE: _____

RECREATIONAL SERVICES: _____ DATE: _____

(Facilities Director)