



# Facilities Use Application

## Use of University Facilities (Policy #4.2.1)

Please type or print clearly.

Entered in Computer  
Reservation # \_\_\_\_\_  
Office Use Only

### Contact Information

Name of Organization/Unit \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person \_\_\_\_\_ E-mail Address \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

**Please select all applicable to your organization:**

FAU Student/Faculty or Staff/Department or Unit

University Partner/Affiliated Group or Individual

If Non-Profit & tax exempt, enter Tax ID# \_\_\_\_\_

Sponsored Activity/Not for Profit Unaffiliated Group

For-profit Unaffiliated Group

Other (Please Specify): \_\_\_\_\_

**Please note: Sponsor must be present for all sponsored events and is fiscally responsible.**

FAU Sponsor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dept./College: \_\_\_\_\_ Email: \_\_\_\_\_

### Event Information

Name of Event: \_\_\_\_\_

Location of Event: Campus: \_\_\_\_\_ Building or Area: \_\_\_\_\_

Day, Date(s) & Time(s) of Event: \_\_\_\_\_

Event Description: \_\_\_\_\_

Estimated Total Attendance: \_\_\_\_\_ Is event open only to FAU staff/students? \_\_\_\_\_

Will you be using a tent? \_\_\_\_\_ Will there be an admission charge? \_\_\_\_\_

Will food be served? \_\_\_\_\_ If admission charges, indicate amount. \_\_\_\_\_

Will you be serving alcohol? \_\_\_\_\_ Will there be amplified sound? \_\_\_\_\_

Will you be videotaping this event? \_\_\_\_\_ VIP's/Media attending? \_\_\_\_\_

A Food Release Form is required for events on the Boca Raton and Jupiter campuses if food services are not provided by Chartwell's.

**Please select all that apply to your event. (Requester is responsible for all applicable work orders.)**

**Setup Needs:**

6' Banquet Tables  Table Cloths  Standard 5K/10K Route

Podium  Microphone(s)  Parking is needed How many? \_\_\_\_\_

60" Round Tables  Sound System

Wireless/Internet Access  Videography Other: \_\_\_\_\_

Clean-up will be completed within \_\_\_\_\_ hours after the event or a clean-up charge will be incurred.

*I hereby affirm that the information given herein is true and accurate to the best of my belief and knowledge and that I am authorized to act on behalf of the named organization in this regard. If Florida Atlantic University facilities are approved for the purpose requested, I agree that such use will conform with the rules of Florida Atlantic University and Florida Board of Governors and Florida Statutes. I also acknowledge that I will be responsible for informing all persons taking part in the event of the conditions and restrictions of usage of the facility or area.*

Signature - Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

### Payment & Insurance

10% of the use rate is required as a non-refundable deposit in order to reserve space.

100% of fees are due 5 business days prior to the event. Any additional costs (i.e. clean up fees or late adjustment charges) are due immediately upon receipt of invoice.

**NOTE: Proof of liability insurance coverage is required as specified in the applicable Facilities Use Agreement**

### Approvals & Signatures

Facility Administrator/Designee \_\_\_\_\_ Date \_\_\_\_\_

Provost Signature Required for Unaffiliated Activities of Academic Space

Provost \_\_\_\_\_ Date \_\_\_\_\_

Director, OSUA \_\_\_\_\_ Date \_\_\_\_\_

This section is for OSUA use only

Facilities reserved as requested

Pending approval and execution of Facilities Use Agreement

Referred to Facilities Committee

Application Denied Reason: \_\_\_\_\_

- cc:  Facility Administrator  Physical Plant  Traffic & Parking  Provost
- University Police  EH&S  Event Management  OSUA