

**FACILITIES USE APPLICATION
RESERVATION AND ESTIMATED CHARGE SCHEDULE**

PART - A Event Information

Name of Applicant Organization/Sponsor: _____

Name of Authorized Agent/Contact: _____

Organization Address: _____

Phone: _____ Fax: _____

Type of Organization

- _____ FAU department or unit
- _____ FAU student government or direct support organization
- _____ FAU registered student organization
- _____ Tax exempt, non profit organization (evidence of status must be provided)
- _____ For profit organization
- _____ Other (please specify) _____

Description of Activity: _____

<u>Facilities Requested</u>	<u>Dates</u>	<u>Times</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Estimated Attendance: _____ Refreshments/Catering: ___Yes ___No

Other Special Requirements: _____

NOTE: Written permission is required to serve alcoholic beverages (See Policy Memorandum #19X) or to sell/cater food/beverages unless the food/beverages are served by the University Caterer.

PART - B Estimated Charges

Charge Schedule Applicable to Activity: _____ B _____ C

_____ D * _____ N/A _____ Facility Administrators Initials

Facility Base Rental Fee **Estimated Amount**

Description of Facility: _____

Personnel Services: _____

Equipment: _____

Other: _____
