FAU STUDENT UNION
DEPARTMENT EVENT REQUEST FORM

Department: __________________________________________________________

Requestor: __________________________________________________________

Requestor FAU E-mail: __________________________ Requestor Phone: __________

Event Name: __________________________ Event Date: ______________

Reservation Start: __________ Event Start: ______________ Event End: ______________ Reservation End: __________

Facility management reserves the right to adjust setup and clean-up to accommodate usage needs.

If this is a series, please list other dates that event will occur

Please give a detailed description of your event.

☐ Open - This is open to all, including Non-FAU attendees  ☐ Closed - This event will be open ONLY to FAU attendees

Proposed Location: ____________________________________________________ **Requested room may not be available. A comparable room may be substituted.**

# of FAU attendees: ____ # of Non-FAU attendees: ____ Total Attendees: ____________

Please provide as close an estimate as possible to aid in determining the appropriate location for your event.

Event Details: Check all that may apply during this event

Food/Beverages ☐ Chartwells ☐ Food Waiver* Must be approved by Business Services 561-297-4041 and EH&S 561-297-3829

☐ Media/Press Involved ☐ Fundraiser ☐ Tickets to be sold ☐ Merchandise to be sold ☐ Donations will be accepted

☐ Alcohol* Events/Programs involving alcohol must be submitted a minimum of 21 business days in advance

Please list any VIPs or Special Guests that are expected to be in attendance:

Please list any co-sponsoring organizations:

Setup and Equipment Needs:

Setup Style: ☐ Banquet ☐ Classroom ☐ Lecture ☐ Theatre ☐ Exhibit ☐ Conference

Equipment:
☐ Stage ☐ Podium ☐ Dry Erase Board w/Markers ☐ Chairs – Quantity_____ ☐ Classroom Tables – Quantity_____ ☐ 6ft. Tables – Quantity_____
☐ Round Tables – Quantity_____ ☐ High Top Tables – Quantity_____ ☐ Other–_________

Audio/Video Equipment:
☐ Corded Microphone – Quantity______ ☐ Wireless Microphone – Quantity______ ☐ Projector ☐ Laptop ☐ Projection screen
☐ Laptop – Speakers ☐ TV/DVD Player ☐ Stereo/CD Player ☐ Other–_________

Signatures of Approval and Acknowledgement:

Authorized Budget Signature and Date _____________________________ Student Union Acknowledgement Signature and Date _____________________________

Please send completed form to: UC 203; Fax to 561-297-3733; or Email: UnionEvents@fau.edu