

Facilities Use Application

Use of University Facilities (Policy #4.2.1)

Please type or print clearly.

Entered in Computer			
eservation #			
011: 11 0 1			

Office Use Onl	
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Name of Organization/Unit Contact Person	Phone	-		
Contact Person				
	E-mail Address	Fax #		
Address	City, State	Zip		
Please note: Sponsor must be present for all spon	Minors, participants under 18 years of age nit Sponsored Activity/Not for Profit Unaffilial For-profit Unaffiliated Group Other (Please Specify):	ted Group		
Name of Event:				
Location of Event: Campus: Building or Area: Building or Area: Event Description:				
Will you be coming alcohol?	Will there he amplified sound?			
Please select all that apple Setup Needs: 6' Banquet Tables Podium 60" Round Tables	y to your event. (Requester is responsible for all applicable work orders.) Table Cloths Standard 5K/10K Route Parking is needed Sound System	Chartwell's. How many?		
Clean-up will be completed within hours I hereby affirm that the information given herein is true and accorganization in this regard. If Florida Atlantic University facilities	after the event or a clean-up charge will be incurred. urate to the best of my belief and knowledge and that I am authorized to act on be s are approved for the purpose requested, I agree that such use will conform with th	ne rules of Florida		
Signature - Authorized Agent Date				
100% of fees are due 5 business days prior to the event. Any A fee will be assessed if the event is using the campus ground	additional costs (i.e. clean up fees or late adjustment charges) are due immediat Is(grass). Please provide TAG# if applicable			
NOTE: Proof of liability insurance of				
Facility Administrator/Designee Date Provost Signature Required for Unaffiliated Activities of Academic Space	Facilities reserved as requested Pending approval and execution of Facilities Use Age Referred to Facilities Committee			
Provost Date	Space Utilization and Analysis	Date		
	If Non-Profit & tax exempt, enter Tax ID# Please note: Sponsor must be present for all spons FAU Sponsor's Name: Dept/College: Name of Event: Location of Event: Campus: Day, Date(s) & Time(s) of Event: Event Description: Estimated Total Attendance: Will you be using a tent? Will you be serving alcohol? Will you be serving alcohol? Will you be videotaping this event? A Food Release Form is required for events or Please select all that appl Setup Needs: G' Banquet Tables Podium GO" Round Tables Wireless/Internet Access Clean-up will be completed within hours at I hereby affirm that the information given herein is true and accorganization in this regard. If Florida Atlantic University facilities Atlantic University and Florida Board of Governors and Florida Sconditions and restrictions of usage of the facility or area. Signature - Authorized Agent Date 10% of the use rate is required as a non-refundable deposit in 100% of fees are due 5 business days prior to the event. Any at A fee will be assessed if the event is using the campus ground NOTE: Proof of liability insurance companies of the second	Please note: Sponsor must be present for all sponsored events and is fiscally responsible.		