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# _____
- ☐ Minors, participants under 18 years of age
- ☐ 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 Attandance: _____ 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
- ☐ Podium
- ☐ 60" Round Tables
- ☐ Wireless/Internet Access
- ☐ Table Cloths
- ☐ Microphone(s)
- ☐ Sound System
- ☐ Videography
- ☐ Standard 5K/10K Route
- ☐ Parking is needed — How many?_____
- 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 aknowledge 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 _____

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: _____

Space Utilization and Analysis _____ Date _____

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