# Facilities Request Form

Name of organization: ____________________________ Date: ____________

Responsible person: ____________________________

Address: ___________________________________________________________________________________

City: ____________________________ State: ________ Zip: ____________________________

Phone: ____________________________ E-mail address: ____________________________

Space requested: ____________________________ Date(s) requested: ____________________________

Event starts: __________ Event ends: __________ Hours requested: ____________________________

Type of program: ____________________________________________________________________________

Estimated attendance: ____________________________ Admission fee: $__________________________

Program is open to:
- Reserving Group only: ______
- Staff/Faculty: ______
- Students: ______
- Public: ______

Food Services: Yes: ______ No: ______
- Set-up Services: Yes: ______ No: ______

Custodial Services: Yes: ______ No: ______
- Diagram attached: Yes: ______ No: ______

Electric Services: Yes: ______ No: ______
- Media Services: Yes: ______ No: ______

Other Maintenance: Yes: ______ No: ______
- Equipment needed: Yes: ______ No: ______

Security Services: Yes: ______ No: ______
- Other Services: Yes: ______ No: ______

Other services, maintenance, set-ups or special needs required: ____________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Insurance Certificate: Yes: ______ No: ______ Name of Insurance Company: ____________________________

Deposit enclosed: $__________________________

Notes:
- *Forms received less than 10 business days from the date of event will not be accepted.
- *If special needs are required, they must be listed on this form.
- *Organizations requiring special services will be billed in accordance with the fee schedule.
- *All fees for use and special services must be paid in advance.
- *Central State reserves the right to immediate termination of the privilege of use of facilities of any individual or group who refuses to comply with University regulations.
- *University policies and procedures concerning the use of facilities can be obtained from the Facilities Support Services Manager located in the Facilities Building.
- *When the University is closed due to weather or other emergency, no activities will be held.

By signing below, I acknowledge receipt of a copy of Central State University Procedure number 701.1, and that I have read and understand that document in its entirety, and in particular, the Indemnification/Hold Harmless language presented in Item 2(c), and I understand and agree to comply with all University regulations.

Signature of applicant: ____________________________ Date: ____________

For more information, please call 937.376.6137

FOR INTERNAL OFFICE USE ONLY:

Building Manager contacted: ____________________________ Comments/special accommodations: ____________________________

Space available: Yes: ______ No: ______

Fee to be charged: $__________________________

Approved: ______ Disapproved: ______ By (signature): ____________________________ Date: ____________

FM-01-2003-00