

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 _____