



Date of Application: _____ Facility Requested: _____

Organization/Department Requesting Activity: _____

Event/Activity: _____

Will Requesting Organization be Charging Admission and/or Accepting Monies relating to this Event/Activity? Yes ___ No___
If Yes, How Much Per Person and For What Service(s)? _____

Date(s): _____ Number of People: _____

Beginning Time: _____ Ending Time: _____ Time Needing Access: _____

Name of Person Applying if Different than Responsible Party: _____

Telephone: _____ E-mail address: _____

Responsible Party for Rental Agreement and Damages, should they occur: _____

Telephone: _____ E-mail address: _____

Responsible Party's Address: _____
Street City State Zip code

Name of Insurance Company (For Off-Campus Groups): _____

Insurance Company's Address: _____