



## Facility Request -- Illinois State University -- Non-Academic Use

To ensure consideration, please complete and return with the event publicity materials to the Conference Services Scheduling Coordinator for approval at least **TEN (10) WORKING DAYS** prior to event. Requests received less than ten (10) working days prior to event will not be considered. To ensure readability, **TYPE** and **FULLY** complete **both sides of this form**. The Facility Request is confirmed when the applicant receives an approved copy of this form. In signing this request, the applicant acknowledges understanding of and responsibility for abiding by the General Revenue Facilities Usage Guidelines. Cancellation fee is 50% of room rental with less than 30 days of notice and 100% of room rental with less than 10 days of notice.

1. **Name of event:** \_\_\_\_\_
2. **Describe the event activity:** \_\_\_\_\_  
\_\_\_\_\_
3. **Type of event:** On-campus group \_\_\_\_\_ Off-campus group \_\_\_\_\_
4. **Estimated attendance:** \_\_\_\_\_ **Estimated # under age 18:** \_\_\_\_\_ **Estimated # over age 18:** \_\_\_\_\_
5. **Sponsored by:** University Department \_\_\_\_\_ Registered Student Organization \_\_\_\_\_ Other \_\_\_\_\_
6. **Name of sponsoring organization/department:** \_\_\_\_\_  
**If University dept. or Registered Student Organization, give University account # (for revenue generated from event, if applicable):** \_\_\_\_\_
7. **What is the entry fee, admission fee, registration charge, voluntary donation for admission, or any other type of income taken at event or in advance:** \$ \_\_\_\_\_
8. **Will merchandise or services be sold, promoted, or offered from an outside/external source?** Yes \_\_\_\_\_ No \_\_\_\_\_
9. **Will food or beverage be served?** Yes \_\_\_\_\_ No \_\_\_\_\_ **Special needs:** \_\_\_\_\_
10. **Date/time requested:**

	(date)	(day of week)	(time)	(AM/PM)		(time)	(AM/PM)		(time)	(AM/PM)		(time)	(AM/PM)		(time)	(AM/PM)	
(Time needed for preparation, cleanup, etc.)	1.	_____	_____	_____	_____	to	_____	_____	(Actual Time of Program)	_____	_____	_____	_____	_____	_____	_____	_____
	2.	_____	_____	_____	_____	to	_____	_____		_____	_____	_____	_____	_____	_____	_____	_____
	3.	_____	_____	_____	_____	to	_____	_____		_____	_____	_____	_____	_____	_____	_____	_____
	4.	_____	_____	_____	_____	to	_____	_____		_____	_____	_____	_____	_____	_____	_____	_____

**Additional Dates** \_\_\_\_\_
11. **Contact person in attendance at event:** \_\_\_\_\_
12. **Facility requested:** \_\_\_\_\_  
 Classroom(s) \_\_\_\_\_  
 Auditorium \_\_\_\_\_ Gymnasium \_\_\_\_\_  
 Pool \_\_\_\_\_ Locker rooms \_\_\_\_\_  
 Lobby \_\_\_\_\_ Field\* \_\_\_\_\_  
 Quad\* \_\_\_\_\_ Other\* \_\_\_\_\_
- \*Will there be audio amplification at these sites? Yes \_\_\_\_\_ No \_\_\_\_\_
13. \_\_\_\_\_ **Change Request: Replaces previous scheduling for:** \_\_\_\_\_

**\*PLEASE COMPLETE THE OTHER SIDE\***

**14. Additional Services (\*charge for use/set-up/labor)**

\_\_\_\_ FACILITIES MANAGEMENT

Table(s)\* - # needed \_\_\_\_ Chairs(s)\* - # needed \_\_\_\_ Podium\* \_\_\_\_ Portable stage\* \_\_\_\_

Recycling container(s) - # needed \_\_\_\_ Trash container(s) - # needed \_\_\_\_ Electrical needs\* \_\_\_\_ Water needs\* \_\_\_\_

\_\_\_\_ A/V-TECHNOLOGY\* - Arrangements for a/v-technology equipment must be made with Learning Spaces (438-7412)

\_\_\_\_ PARKING\* - Arrangements for Parking must be made with Parking Services (438-8391)

\_\_\_\_ POLICE COVERAGE\* - Arrangements for police coverage must be made with the University Police (438-8631)

\_\_\_\_ SPECIAL NEEDS FOR THE DISABLED - Contact the Scheduling Coordinator (438-2403)

**15. Applicant:** \_\_\_\_\_ **Mailing address:** \_\_\_\_\_**Phone:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

I, as the authorized agent of the above sponsor, have read and agree to abide by the General Revenue Facilities Usage Guidelines. I also agree to hold harmless the Board of Trustees, Illinois State University, its officers, employees, attorneys, agents and representatives from any and all claims, causes of action, damages, or judgments, whether in contract or in tort, for any injuries or damage including personal that may be in any way connected to this event. I also agree to reimburse the University for any and all damage that may occur.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(YOU MUST PRINT OFF FORM AND SIGN-DO NOT USE ELECTRONIC SIGNATURE) (Requests submitted without signature will be denied)

**16. Does this event include direct contact with minors (under 18)?** Yes \_\_\_\_ No \_\_\_\_

- Examples of events involving direct contact with minors are available at [ehs.illinoisstate.edu/minors/outside-groups](http://ehs.illinoisstate.edu/minors/outside-groups).
- If you are unsure whether you should answer YES, please contact Environmental Health & Safety at [protectionofminors@ilstu.edu](mailto:protectionofminors@ilstu.edu) or 309-438-8325.
- If **YES**, fill out the Outside Group Protection of Minors Contract Requirements available at [ehs.illinoisstate.edu/minors/outside-groups](http://ehs.illinoisstate.edu/minors/outside-groups) and submit with the Facility Request.
- If **NO**, please sign below.

**STATEMENT:** I agree to abide by all requirements of the University Protection of Minors Policy and certify the OUTSIDE GROUP Activity / Event does not include direct contact with Minors.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_**17. Faculty Advisor/Fiscal Agent:** \_\_\_\_\_ **Signature:** \_\_\_\_\_**Campus address:** \_\_\_\_\_ **Daytime phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_**18. Bill expenses to:** \_\_\_\_\_ **University account #:** \_\_\_\_\_

(name and address, if different from #17)

(required if any services in #14 are needed)

If Certificate of Insurance or deposit is required, applicant will be notified by the Scheduling Coordinator.

**ESTIMATED TOTAL CHARGES: \*\$** \_\_\_\_\_

\*Additional charges may be incurred if a/v-technology equipment, technical personnel, supervisory personnel, extra set-up, extra clean-up, etc. is required. Actual charges will be billed following event date.

**OFFICE RESPONSE ONLY:****INSURANCE REQUIRED?** \_\_\_\_ Yes \_\_\_\_ No**CERTIFICATE OF INSURANCE ON FILE?** \_\_\_\_ YES \_\_\_\_ NO**DEPOSIT REQUIRED?** \_\_\_\_ Yes \_\_\_\_ No**AMOUNT OF DEPOSIT REQUIRED: \$** \_\_\_\_\_**BROCHURE, REGISTRATION FORM, AND/OR OTHER ADVERTISING USED TO PROMOTE EVENT RECEIVED?** \_\_\_\_ Yes \_\_\_\_ No**APPROVED:** \_\_\_\_ **DENIED:** \_\_\_\_ **APPROVED WITH RESTRICTIONS:** \_\_\_\_\_**Facility Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Scheduling Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Distribution: Conference Services, Applicant, Faculty Coordinator, Facilities Management, Heating Plant, University Police**

Approved 10/96

University Legal Counsel

Conference Services - Office of the Provost

Updated 1/18

**Scheduling Coordinator, Conference Services****Campus Box 8610 (1101 N. Main St.)****Normal, IL 61790-8610****Phone: 309/438-2403****Fax: 309/438-5364**