Facilities Use Request Form

Application Date: ____________

Group Requesting Space:  Campus Group  For-Profit Organization  University-Related Group  Non-Profit Organization

Return Form to: Lisa Francl, Campus & Executive Officer Assistant, UW-Green Bay, Manitowoc Campus, 705 Viebahn St., Manitowoc, WI 54220-6699. Phone 920-663-7350; fax 920-683-4776.

Organization/Individual Requesting Space:  ___________________________________________________________________________________

Sponsoring Campus Office or Organization (if required by UWS Ch. 21):  ____________________________________________________

Contact Name:  ________________________________________________  Fax:  _________________________________________________________

Email:  __________________________________________________________  Telephone:  ________________________________________________

Address:  _______________________________________________________  City, State, Zip:  ___________________________________________

Type of Event (please provide description of event):  ____________________________________________________________________________

_________________________________________________________________________________________________________________________

Number of Persons Attending:  ______  Will a Fee be charged for this Event?  Yes  No  If Yes, Fee Amount: $ _______

Building/Room Requested:

First Choice Building and Room Number (if known)  Second Choice Building and Room Number

Dates Requested:

<table>
<thead>
<tr>
<th>First Choice</th>
<th>Date(s)</th>
<th>Day(s) of Week</th>
<th>Start and Stop Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Choice</td>
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<tr>
<td>Third Choice</td>
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</table>

IT Equipment Requested:  (select requested equipment)

1. Laptop
2. Computer (classroom based)
3. Internet Connection:
4. LCD Projector

Theatre Equipment Requested:  (select requested equipment)

1. Microphone
2. Piano
3. Multimedia Podium (Theatre only)

Library Equipment Requested:  (select requested equipment)

1. TV/VCR
2. DVD Player

IT Support Requested:  (Billed Hourly) Please inform Lisa Francl if you need IT arrangements

Yes  No

Food Service Requested:  Yes  No

If Yes, to make arrangements, please contact Blue Devil Grill 920-683-4714

Will Alcoholic Beverages Be Served at this Event?  Yes  No

If yes, UW-System guidelines require approval of CEO, as well as other restrictions. Please see Facilities Use Policies & Procedures for more information.

Room Setup Requested:

1. Meeting Format (chairs placed around a table)
2. Lecture Format (podium and chairs for an audience)
3. Classroom Style (tables with chairs facing instructor)
4. Other ____________________________________________________________

On behalf of the organization I represent, I assume responsibility for the use of the facility in accordance with the UW-Green Bay, Manitowoc Campus Facility Use Policies and Procedures. Please see attached applicable policies and procedures.

Signature ___________________________ (for Organization)  Date ___________________________

Campus Approval

By:  ___________________________  Title:  ___________________________  Date:  ____________

Comment:  _______________________________________________________________________

Estimated Usage Fee: $ ____________________________________________________________

*Actual fee will be determined following event.

Form updated June 2019