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# Facilities Use Request Form

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

**Organization/Individual Requesting Space**:

Sponsoring Organization or Office (if required by UWS Ch. 1):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Ext.\_\_\_\_\_\_)

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_

Type of Event (please provide description of event): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of persons attending:\_\_\_\_\_\_\_\_ Is a fee charged for this event: Yes No (circle one) If Yes, Fee Amount: $\_\_\_\_\_

**Building/Room/s Requested**: Please rank in order of choice (1st, 2nd, etc.) If promotion materials are distributed, renter agrees to list the name of the facility/room as stated below.

Herbert L. Williams Theatre\_\_\_\_\_ Cafeteria \_\_\_ Student Union \_\_\_\_\_ Gymnasium \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Classroom (please circle your choice) *Lecture* Classroom: M-117 *Regular* Classroom: M-107 M-109 M-110 L-101 L-102 F-108

**Dates Requested**:

Date(s) Door Opening/Closing Time Start and Stop Times

First Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­

Second Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equipment Requested:** (circle requested equipment)

Instructor Computer & Projector \_\_\_\_\_\_ Easel \_\_\_\_\_\_ Do you require lighting? Stage \_\_\_ Spotlight \_\_\_

Student Computer/s (number: \_\_\_\_\_\_) TV/VCR \_\_\_\_\_\_ Microphones needed? Wireless \_\_\_ Stand \_\_\_

Overhead Projector \_\_\_\_\_\_ Slide Projector/Screen \_\_\_\_\_\_ Any special request? Please be specific:

Podium \_\_\_\_\_\_ Piano \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Whiteboard \_\_\_\_\_\_ Will you be using Power Point? \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food Service Requested:** Yes \_\_\_\_ No \_\_\_\_

*If yes, please make arrangements at least 10 days in advance with Karla Sullivan at 715-735-4300 x4338 or email* *Karlene.sullivan@uwc.edu*

**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 Policies and Procedures for more information.*

**Room Setup Requested:**

Meeting Format (chairs placed around a table) \_\_\_\_\_\_ Lecture Format (podium and chairs for an audience) \_\_\_\_\_\_

Banquet or Dinner \_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_

Format Specific to Facility (see site-specific form for provisions) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***All printed materials or publications must have the following disclaimer listed:*** “*UW Green Bay- Marinette Campus rents its facilities to outside organizations and groups and abides by UW System facilities usage policies and county property policies. UW Green Bay- Marinette Campus assumes no role in sponsoring or endorsing any views expressed in any events scheduled in its rented facilities.”*

On behalf of the organization I represent, I assume responsibility for the use of the facility in accordance with the

University of Wisconsin Green Bay – Marinette Campus Facilities Use Policies and Procedures. Please see reverse for all applicable policies and conditions. I understand that non-compliance with University policies could result in facilities use being revoked.

**Signed**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (for Organization) **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Campus Approval: Actual fee will be determined following the event**. **A deposit may be required up to the full amount of any University incurred expense to host the event.**Estimated Usage Fee: Facilities Fee: $\_\_\_\_ Maintenance Fee: $\_\_\_\_\_\_\_\_\_ Technical Support Fee: $\_\_\_\_\_\_\_\_\_Other Fee $\_\_\_\_\_\_Total Usage Fee $\_\_\_\_\_\_\_\_\_\_\_\_\_ Deposit Required: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Make checks payable to UW Green Bay-Marinette Campus. Date Due: \_\_\_\_\_\_\_\_\_\_\_\_Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_By: Title: Date:  |

**Completed form should be returned to:** Kaitlyn O’Claire, Campus Executive Officer Assistant | Email: kaitlyn.oclaire@uwc.edu | Fax: (715) 735-4304 | PH: 715-735-4331