

FACILITY/ROOM USAGE APPLICATION FOR AFFILIATES Page 1 of 2

Applicants complete Part I and read and sign Parts II. Submit completed application to Events Management.

I. INSTITUTION APPROVAL IS CONTINGENT ON THE APPLICANT'S SUCCESSFUL COMPLETION OF ALL FINANCIAL AND/OR INSURANCE OBLIGATIONS AS MAY BE REQUIRED BY THE INSTITUTION.

Please type or print:

Name of Department: _____

Contact Person: _____ Phone: _____ Email Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Is the billing address the same as above? If not, please indicate where invoices should be sent:

Name: _____ Phone: _____ Email Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Please fill in completely:

Department Student Organization

Department Collaboration _____
Name of Organization Phone Number

Location Requested: Main Campus Avon Williams Campus

Building/Room Number(s) _____ Number of expected attendance: _____

Date(s) Requested:

Time Requested (Beginning & End)

Detailed Description of Activity (indicate name and general topic): _____

****Copies of marketing materials need to be provided to events management prior to advertising the event!****

Please check all that apply:

Equipment: Projector Screen Laptop None
 Set Up: Lecturn Stage Sound System None

Tables: _____ Chairs: _____ None

Catering: Yes No

Safety and Security: Determination of security and insurance requirements will be solely at the discretion of the Institution.

Other: _____

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II. APPLICANT CERTIFICATIONS AND AGREEMENT TO TERMS OF USE:

(Please read carefully and sign. Application will not be considered if this section is not completed.)

On behalf of the applicant, I acknowledge by signing below that the Institution has made a copy of the Institution policy available for review. Applicant understands that submittal of this application shall constitute agreement by applicant to the following conditions, in addition to the conditions described in those policies:

- 1) The intended use of the Institution property and facilities by applicant does not violate, and actual use will not violate, the provisions of the Tennessee Board of Regents Policy on Use of Campus Property and Facilities or any policies or regulations of the Institution, or any federal, state, or local law or regulation.
- 2) Any use of college property and facilities pursuant to this application that is contrary to such policies, laws, or regulations or that is inconsistent with the activity as described in this application constitutes grounds for the institution to remove the activity from college property.
- 3) Applicant agrees to indemnify the institution and hold it harmless from liabilities arising out of applicant's use of institution property and/or facilities, including but not limited to personal injury, property damage, court costs or attorney fees.

I hereby acknowledge that I have read the Applicant Certifications and referenced policies, and agree to abide by these requirements.

Name of Applicant: _____

Signature of Department Head/Dean/Supervisor _____ Date: _____

Reservations for use of facilities are confirmed when the applicant receives notification from Tennessee State University authorizing the request. Due to the high demand for rooms, we will not confirm, pencil-in, or otherwise reserve space for affiliated groups by phone or verbal agreement. If there is any question as to the approval of your application, or if confirmation has not yet been received, please contact the Events Management Office at 963-5797 and ask to speak with the staff member that coordinates facility rentals.

FOR INSTITUTION USE ONLY:

APPROVED DENIED

\$	Facility Use	<input type="checkbox"/> FEE WAIVED	<input type="checkbox"/> DENIED	
\$	Facility Set-up	<input type="checkbox"/> FEE WAIVED	<input type="checkbox"/> DENIED	
\$	General Labor (over-time)	<input type="checkbox"/> FEE WAIVED	<input type="checkbox"/> DENIED	
\$	Custodial Services	<input type="checkbox"/> FEE WAIVED	<input type="checkbox"/> DENIED	
\$	Custodial Supplies	<input type="checkbox"/> FEE WAIVED	<input type="checkbox"/> DENIED	
\$	Safety and Security	<input type="checkbox"/> FEE WAIVED	<input type="checkbox"/> DENIED	
\$	Equipment	<input type="checkbox"/> FEE WAIVED	<input type="checkbox"/> DENIED	TOTAL \$ _____
\$	Supplies	<input type="checkbox"/> FEE WAIVED	<input type="checkbox"/> DENIED	AMT WAIVED \$ _____
\$	Aramark Food (see attached)			BALANCE TO BE PAID \$ _____

Director:	Signature:	Date:
Vice President:	Signature:	Date: