



OFFICE USE ONLY:
RESERVATION # _____

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 and all requirements are fulfilled. If there are changes to information received or requirements are not met, the event may be canceled or postponed. In signing this request, the applicant acknowledges understanding of and responsibility for abiding by the [University Facility and Space Use Policy](#). 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:**

(Time needed for preparation, cleanup, etc.)	(date)	(day of week)	(time)	(AM/PM)	to	(time)	(AM/PM)	(Actual Time of Program)	(time)	(AM/PM)	to	(time)	(AM/PM)	
1.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
- 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 _____
- * **Is vehicle access needed 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* - To request needs from Facilities Management (tables, chairs, portable stage, recycling and trash containers, electrical needs, water needs, etc...) please use this link and follow up with Facilities Management directly: isd.illinoisstate.edu. (438-5656)
- ___ 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). Vehicle access must be approved.
- ___ 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)
- ___ ZERO WASTE* - Includes compost bins, assistance with product selection, and waste sorting. Contact the Office of Sustainability (sustainability@ilstu.edu)

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 University Facility and Space Use Policy. 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. COVID Facility Requirement and Risk Acknowledgment

I understand that by signing above as the Authorized Representative I acknowledge and understand all requirements contained in the following link related to COVID. By signing above, I also understand that I must as the Authorized Representative make sure that all participants/attendees are aware of the outlined risks and requirements found at conferences.illinoisstate.edu/downloads/scheduling/ISU_COVID_Acknowledgment.pdf

17. Does this event include direct contact with minors (under 18)? Yes _____ No _____

- Examples of events involving direct contact with minors are available at riskmanagement.illinoisstate.edu/minors/outside-groups/.
- If you are unsure whether you should answer YES, please contact Risk Management at protectionofminors@ilstu.edu or 309-438-1900.
- If **NO**, please sign below.

STATEMENT: I agree that my Event does not involve minors and I am not subject to the University Protection of Minors Policy.

Authorized Signature: _____ **Date:** _____

- If **YES**, then:

Internal University Users (Faculty, Dept., and Sponsored RSO's) must complete the online internal Registration form found at riskmanagement.illinoisstate.edu/minors/.

Outside Groups (Public, 3rd Parties, and Independent RSO's) must complete the Outside Group Space Reservation form found at riskmanagement.illinoisstate.edu/minors/outside-groups/ and submit with the facility request.

18. Faculty Advisor/Fiscal Agent: _____ **Signature:** _____

Campus address: _____ **Daytime phone #:** _____ **Email:** _____

19. 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:** _____