

Fayetteville State University

REQUEST FOR USE OF FACILITY

Name of Facility Requested _____ Date of Request _____

Requesting company or organization _____

DATE OF ACTIVITY _____ Time (starting) _____ (ending) _____

Admission Fee? ____ Number expected to attend? ____ Is this for a non-profit organization? ____

Equipment/supplies needed: _____

Personnel required (security, maintenance, audio-video technician, electrician) _____

You are required to provide evidence of at least \$150,000 combined single limit bodily injury and \$3,000,000 property damage insurance coverage. Policy attached ____ Not applicable ____ (see facilities rental policy) (Applies to J.W. Seabrook Performing Arts Center and Capel Arena)

Contact person requesting facility use: _____

Signature and Title

Telephone Wk _____ Hm _____ Fax _____ Cell _____

ADMINISTRATIVE ACTION TAKEN

Building coordinator signature _____ Date _____

activity approved activity not approved note statements attached

activity approved with the following conditions:

Rental Fee \$ _____ Maintenance \$ _____

Equipment \$ _____ Police Safety \$ _____

AV Tech \$ _____

____ Approved _____ Disapproved _____

Facilities Coordinator

FSU Official (as necessary)

Department Head /Dean/Chairperson

This form must be completed and reach the Facilities Coordinator 10 days prior to the date of the event. Failure to reserve the facility at least (10) university business days prior to the scheduled event (Capel Arena 30 calendar days in advance and J.W. Seabrook Performing Arts Center 45 calendar days) may result in a denial of the request.