



# APPLICATION FOR UNAFFILIATED USE OF STUDENT UNION FACILITIES

## COMPLETION OF APPLICATION DOES NOT GUARANTEE USE WILL BE APPROVED

Organization Represented \_\_\_\_\_

Corporation       Partnership       Individual       Profit       Non-Profit

IRS Tax I.D. # \_\_\_\_\_ or non-profit Tax Exemption # \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

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

Telephone (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

### ROOM LOCATION REQUESTED

Bancroft Student Union:  Auditorium & T-Section       Ingman Room       2582/84       2592  
Other: (please list) \_\_\_\_\_

Scott Park Student Center:  Auditorium       Cavern       Terrace Dining Room

NATURE OF EVENT (A full description of event including names and number of performers, and targeted audience).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_  
Day(s) of week      Date(s)      Total Days

TIMES: Setup begins \_\_\_\_\_ Program Begins \_\_\_\_\_  
Program Ends \_\_\_\_\_ Setup Ends \_\_\_\_\_  
Rehearsal (if necessary): Date \_\_\_\_\_ Time \_\_\_\_\_

PROJECTED ATTENDANCE \_\_\_\_\_ TICKET PRICES \_\_\_\_\_

TICKETS SOLD AT THE DOOR?  YES     NO    OPEN TO THE GENERAL PUBLIC?  YES     NO

SPECIAL EQUIPMENT, SERVICES OR ARRANGEMENTS: describe your need for chairs, stages, curtains, tables, stage lighting, stage audio, dressing areas, piano, electrical demands, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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REFERENCES: List three (3) facilities in which the same or a similar event has be scheduled in the past twelve (12) months, preferably a University facility.

Facility	Address	Telephone	Date Used

WILL FOOD SERVICE BE REQUIRED?     YES     NO

WILL ALCOHOL SERVICE BE REQUIRED?     YES     NO

WILL NOVELTIES OR OTHER RETAIL ITEMS BE SOLD?     YES     NO

**INSTRUCTIONS:**

This form must be completed and returned sixty days prior to the event. Applicant agrees to indemnify and hold harmless The University Of Toledo and its representatives against claims for bodily injury and loss or damage to personal property.

Applicant hereby represents that full and complete disclosure of all information which might be pertinent to the University's consideration of this application is included and all of the statements and information are true and correct. Applicant further agrees to observe all University policies and regulations.

_____	_____	_____
applicant's signature	title	date

Return application to:

Student Union Administration  
Mail Stop #114, Room 2525  
The University Of Toledo  
Toledo, OH 43606

or fax to: 419-530-2800

For questions call: 419-530-2931

**OFFICE USE ONLY**

APPROVED:

DENIED

Student Union \_\_\_\_\_ Date \_\_\_\_\_

Campus Police \_\_\_\_\_ Date \_\_\_\_\_

Contract for Use Issued on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_