



**FACILITY REQUEST – ILLINOIS STATE UNIVERSITY  
CAMPUS RECREATION FACILITIES ONLY**

**OFFICE USE ONLY:**  
Reservation # \_\_\_\_\_

To ensure consideration, please complete and return with the event publicity materials to the Campus Recreation 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. In signing this request, the applicant acknowledges understanding of and responsibility for abiding by the General Revenue Facilities Usage Guidelines. To avoid a cancellation fee, please notify the Scheduling Coordinator of any **CANCELLATION** at least five (5) working days in advance of event.

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 \_\_\_\_\_  
Non-Profit Organization (please list your IL Tax Exempt #) \_\_\_\_\_
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: (date) (date of week) (time) (AM/PM) (time) (AM/PM) (time) (AM/PM) (time) (AM/PM)**

<b>Time needed for</b>	1. _____	_____	to _____		<b>Actual time of</b>	_____	to _____
<b>preparation</b>	2. _____	_____	to _____		<b>program</b>	_____	to _____
<b>cleanup, etc.</b>	3. _____	_____	to _____			_____	to _____
	4. _____	_____	to _____			_____	to _____
- Additional Dates:** \_\_\_\_\_
11. **Contact person in attendance at event:** \_\_\_\_\_
12. **Facility requested:** \_\_\_\_\_  
 Classroom(s): \_\_\_\_\_  
 Pool: \_\_\_\_\_ Gymnasium: \_\_\_\_\_  
 Lobby: \_\_\_\_\_ Locker rooms: \_\_\_\_\_  
 Exterior Green Space: \_\_\_\_\_ Field\*: \_\_\_\_\_  
 Rappelling Tower\*: \_\_\_\_\_ Other\*: \_\_\_\_\_
- \*Will there be audio amplification at these sites?** Yes  No
13.  **Change request: Replaces previous scheduling for:** \_\_\_\_\_  
(name, location, time)

**\*PLEASE COMPLETE OTHER SIDE\***

14. **Additional services: (\*charge for use/set-up/labor)**

**FACILITIES MANAGEMENT**

Table(s)\* - # needed \_\_\_\_\_ Chair(s)\* - # needed \_\_\_\_\_ Podium\*  Portable stage\*   
Recycling container(s) - # needed \_\_\_\_\_ Trash container(s) - # needed \_\_\_\_\_ Electrical needs\*  Water needs\*   
Portable toilets\*  Barricades  Other – Contact Facilities Management (438-2036)

**A/V-TECHNOLOGY\*** - Arrangements for a/v-technology equipment must be made with Classroom Support (438-7412)

**PARKING\*** - Arrangements for parking must be made with Parking Services (438-8391)

**POLICE COVERAGE\*** - Arrangements for police coverage must be made with the University Police (438-8631)

**MISCELLANEOUS\*** -  Lifeguard\*  Supervisor\*

**SPECIAL NEEDS FOR THE DISABLED** – Contact the Scheduling Coordinator (438-3700)

15. **Applicant:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Mailing address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**Daytime phone #:** \_\_\_\_\_ **Evening phone #:** \_\_\_\_\_

I, as the authorized agent of the above sponsor, have read and agree to abide by the General Revenue Facilities User Guidelines. 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. **Faculty Advisor/Fiscal Agent:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**(YOU MUST PRINT OFF FORM AND SIGN – DO NOT USE ELECTRONIC SIGNATURE)**

(Requests submitted without signature will be denied.)

**Campus Address:** \_\_\_\_\_ **Daytime phone #:** \_\_\_\_\_ **Evening phone #:** \_\_\_\_\_

17. **Bill expenses to:** \_\_\_\_\_

(name and address, if different from #16)

**University account #:** \_\_\_\_\_ (required if any services in #14 are needed)

If Certificate of Insurance or deposit is required, applicant will be notified by the Scheduling Coordinator.

To prevent event cancellation, please submit Certificate of Insurance, if required, thirty (30) days prior to event date.

To prevent event cancellation, please submit deposit, if required five (5) days prior to event. Send to Scheduling Coordinator, Campus Recreation, Campus Box 2781, Normal, IL 61790-2781. Please make checks payable to Illinois State University.

**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:** \_\_\_\_\_

**Scheduling Coordinator, Campus Recreation  
Campus Box 2781 (347 S. University St.)  
Normal, IL 61790-2781  
Phone: 309/438-3700**