



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 Event 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 University Facility and Space Use Policy (policy.illinoisstate.edu/facilities/6-1-1.shtml). To avoid a cancellation fee, please notify the Event 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:** _____
***Food/Drinks are not allowed in Student Fitness Center and McCormick Hall, unless approval has been given in advance. Pre-approval required for food in any other facilities.**
10. **Date/time requested: (date) (date of week) (time) (AM/PM) (time) (AM/PM) (time) (AM/PM) (time) (AM/PM)**

Time needed for	1. _____	_____	to	_____	_____	Actual time of	_____	_____	to	_____	_____
preparation	2. _____	_____	to	_____	_____	program	_____	_____	to	_____	_____
cleanup, etc.	3. _____	_____	to	_____	_____		_____	_____	to	_____	_____
	4. _____	_____	to	_____	_____		_____	_____	to	_____	_____
- Additional Dates:** _____
11. **Contact person in attendance at event:** _____
Phone #: _____
12. **Facility requested:** _____

Classroom(s): _____	Lobby: _____
Pool: _____	Gymnasium: _____
Bowling/Billiards: _____	Field: _____
Exterior Green Space: _____	RAC Meeting Room: _____
Climbing Wall: _____	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 _____

Recycling container(s) - # needed _____ Trash container(s) - # needed _____ Electrical needs ☐ Water needs ☐Portable toilets ☐ Other – Contact Facilities Management (438-2036)☐ **AV-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)☐ **SPECIAL NEEDS FOR THE DISABLED** – Contact the Coordinator of Events and Outreach (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 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 Exhibit A 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 all capacity restrictions and the outlined risks and requirements stated in Exhibit B.

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 (309) 438-2145.
- 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/registration.

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.

- 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:** _____

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 Coordinator of Events and Outreach.

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. Additional charges will be billed to the group following the 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:** _____**Event Coordinator:** _____ **Date:** _____

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