## REQUEST FOR USE OF UNIVERSITY PREMISES AND FACILITIES OFFICE USE ONLY: OFFICE USE ONLY: BP# Southern Illinois University - Recreational Sports and Services EMS# Acct. Title For Space Requests - return to Assistant Director of Facilities Date Received # Mail Code\_ 300 E. Grand Ave., Carbondale, IL 62901 MC-6717 Fax to: Amber Armstrong at 618/453-1238 DEPARTMENT/ORGANIZATION TYPE OF EVENT (What space will be used for) **EVENT DETAILS** PLEASE CHECK ONE OF 5 BOXES BELOW WHICH DESCRIBES YOUR GROUP \* Registered Student Organization (Must first receive funds approval stamp from Student Life if paying from your RSO account.) Campus Department Outside Organization List the date and each area you are requesting below: Date(s) Hours Estimated # of Space Desired (List areas separately) Participants From Please Answer the Following: 1. Will there be an admission charge, sale of items, collection of donations or any money generated at this event Yes ☐ No (excluding dues, assessments or initiation fees)? Organizations are required to deposit any such funds into their Organization Fund Account. 2. Is this event a fund-raiser for charity? ☐ No If so, which charity? 3. Will there be any non-SIU-affiliated speakers and/or performers? Yes Name: \_\_\_\_ 4. Are any non-University individuals attending or invited to this event? Yes ☐ No 5. Will food and/or beverage be served? Yes No Breakfast; Lunch; Dinner; Reception; Coffee; Other: Yes No 6. Will there be a set-up: (Alternations of existing facilities, need for equipment of services)? 7. Is insurance required? Yes No Note: Insurance will be required for ALL school groups and any activities that involve risk. Remarks (For RSS - Room Arrangement) Note: Group is responsible for all cleanup and any damages incurred as a result of this event. \*\* THIS REQUEST FOR SPACE WILL BE IN A TENTATIVE STATUS. IT WILL BE CHANGED TO CONFIRMED ONCE YOU RECEIVE A CONFIRMATION FROM THE ASSISTANT DIRECTOR OF FACILITIES. I agree that the above organization(s) will abide by the University governing use of University Premises. Signature of Authorized Date Filed Organizational Agent (s): (Name of Department Dean/Director/Head that approves event) Contact Person ID# (if student) (Group representative attending event and responsible for conducting event or activity) MUST Complete for Contact Person: Zip Code Local Address Phone Campus Address **Email Address**

\_\_\_\_\_ to incur the listed charges

Date:

\* The fiscal officer hereby approves the above mentioned RSO under account number \_\_\_\_\_

for the events on the dates and times listed above.

Fiscal Officer signature \_

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MINIMUM CHA	ARGE:	(per hour):					SIU Affiliated:	Non-SIU	Affiliated:		
•							\$30.00				
							\$20.00				
							\$20.00				
							\$25.00				
<ol><li>Alumni Lou</li></ol>	inge						\$20.00	\$40.00			
							\$20.00				
							\$20.00				
8. Martial Arts Studio							\$20.00				
9. Natatorium North Diving Well							\$25.00	\$40.00			
10. Natatorium South Diving Well							\$25.00	•			
11. Natatorium West End							\$35.00	\$40.00			
12. Natatorium East End											
13. Racquetball Court											
14. Squash Court											
15. 200 Meter Track - Lower Level											
16. Pool Lounge #1							\$20.00	\$40.00			
Outdoor Sp		(per hour):					SIU Affiliated:	Non-SIU	J Affiliated:		
*17. Campus La	ake Be	cker Pavilion					\$140.00	\$180.00	2 hour minimum ==	irod	
							\$50.00		2 hour minimum requi	red.	
18. Campus La											
18. Campus Lake Bucky's Haven							·				
20. Campus Lake South Pavilion							·				
21. Rec Sports Outdoor Playfield 1 - F/SP Softball Field											
22. Rec Sports Outdoor Playfield 2 - F/SP Softball Field											
23. Rec Sports Outdoor Playfield 3 - SP, SB & Baseball											
24. Field Rec Sports Outdoor Playfield 4 - Outfields of Fields 1 & 2											
25. Upper Arena Field											
26. Sam Rinella Playfield							*				
27. University Tennis Court											
*RSOs may us		space Monda	y - Fri	day from 8am	ı to 5pm,	free of charge	e. RSOs are still requir		ve the space properly.		
				Coot	•		X \$3.00				
Area/Room		Charge/hr	X	<u>Hours</u>	=	<u>Cost</u>	<del></del> .	` ′			
			Х		=				Ilts X \$8.00		
			Χ		=		partic	cipating can	npers X \$5.00		
			Χ		=		Total Entry I	Fees:			
			Х		_		•				
		Total Facility		es:			-				
RSS Personne	el Wag	jes:					Amount Due	e:			
<u>Number</u>	Χ	Rate/hr	Χ	<u>Hours</u>	=	Cost		+	· =.		
	Χ	\$	Χ		=		Facility & W	age Fees	Entry Fees	Total	
	Χ	\$	Х		=				, . 000	. 3.0	
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	X	\$	X		=		-				
	X	\$	Х		=		-				
Total Facility & Wage Charges:							Staff Signature:				
Data Fin II		7			Do N	ot Write Below	This Line (For Office Use	e Uniy)			
Date Finalized		CONT	ACTED	BY					Date		
		EVENT APPR	ROVED	BY					Date		

Cancellation Policy: If a reservation is cancelled 7 days or more in advance a full refund will be issued (minus a \$10.00 processing fee).

Insufficient Funds will result in an additional \$30.00 fee.

