

OFFICE USE ONLY:

REQUEST FOR USE OF UNIVERSITY PREMISES AND FACILITIES

OFFICE USE ONLY:

BP # _____

Southern Illinois University - Recreational Sports and Services

EMS # _____

Acct. Title _____

For Space Requests - return to Assistant Director of Facilities

Emailed on: _____

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 *

- Campus Department, Registered Student Organization, Outside Organization

List the date and each area you are requesting below:

Table with 4 columns: Date(s), Hours (From, To), Estimated # of Participants, Space Desired (List areas separately)

Please Answer the Following:

- 1. Will there be an admission charge... 2. Is this event a fund-raiser for charity? 3. Will there be any non-SIU-affiliated speakers... 4. Are any non-University individuals attending... 5. Will food and/or beverage be served? 6. Will there be a set-up... 7. Is insurance required?

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 Organizational Agent (s): _____ Name of Department Dean/Director/Head that approves event (Not Needed if non-SIU Group)

Contact Person _____ (Group representative attending event and responsible for conducting event or activity)

MUST Complete for Contact Person:

Local Address, Campus Address, Email Address, City, Zip Code, Phone

* The fiscal officer hereby approves the above mentioned RSO under account number _____ to incur the listed charges for the events on the dates and times listed above.

Fiscal Officer signature _____ Date: _____ (Not Needed if non-SIU Group)

Rental Rates

Group A= SIUC Registered Student Organizations, Group B = Southern Illinois University- Carbondale Campus Departments
Group C = Non-Southern Illinois University Organizations/Private Entities

Indoor Space	Group A + B	Group C
Space/room	Minimum charge (per hour):	Minimum charge (per hour):
200 Meter Track- Lower Level	\$30	\$40
Alumni Lounge	\$25	\$50
Alumni Lounge Conference room	\$20	\$40
Climbing Wall	\$20	\$40
Group Fitness Studio	\$40	\$50
Martial Arts Room	\$20	\$50
Multisport Court 3 - 7	\$30	\$50
Natorium Diving Well	\$30	\$40
Natorium East End	\$35	\$40
Natorium West End	\$35	\$40
Pool Lounge 1	\$20	\$30
Turf Court 1- 2	\$30	\$50

Outdoor Space	Group A + B	Group C
Space/room	Minimum charge (per hour):	Minimum charge (per hour):
* Becker Pavilion (2 hr minimum)	\$140	\$180
Each additional hour over 2 hours	\$50	\$70
Bucky's Haven	\$15	\$25
Rec Sports Complex Field 1- softball	\$40	\$60
Rec Sports Complex Field 2- softball	\$40	\$60
Rec Sports Complex Field 3- baseball	\$40	\$60
Rec Sports Complex- Outfields of 1&2	\$40	\$60
Sam Rinella Field	\$30	\$40
Saluki Courts	\$10	\$15

* RSO's may use this space Monday -Friday from 8am-5pm, free of charge. However, they are still required to reserve the space. Costs are for facility use only. Rec Sports and Services will determine additional staffing or setup costs based on the event. Some equipment is available at an additional cost (stages, speaker, microphone, etc).

Facility Charges:

<u>Area/Room</u>	<u>Charge/hr</u>	X	<u>Hours</u>	=	<u>Cost</u>
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
Total Facility Charges: _____					

Entry Fees:

_____ dep. (under 16) X \$3.00 _____
_____ participating adults X \$10.00 _____
_____ participating campers X \$5.00 _____
Total Entry Fees: _____

RSS Personnel Wages:

<u>Number</u>	X	<u>Rate/hr</u>	X	<u>Hours</u>	=	<u>Cost</u>
_____	X	\$ _____	X	_____	=	_____
_____	X	\$ _____	X	_____	=	_____
_____	X	\$ _____	X	_____	=	_____
_____	X	\$ _____	X	_____	=	_____
Total Wages: _____						

Amount Due:

_____ + _____ = _____
Facility & Wage Fees Entry Fees Total

Total Facility & Wage Charges: _____ Staff Signature: _____

Do Not Write Below This Line (For Office Use Only)

CONTACTED BY _____ Date _____

EVENT APPROVED 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.