

# Application for Use of Facilities

## Application Is Contingent Upon Approval

Title of Event \_\_\_\_\_

Event Type (check one)

Student Sponsored

Academic Course Related

External

University Sponsored

Co-Sponsored

Index No. \_\_\_\_\_

MTSU Affiliated Organization \_\_\_\_\_

Non-Affiliated/External Organizations (if applicable) \_\_\_\_\_

Total Event Expected Head Count \_\_\_\_\_ Age Group of Participants \_\_\_\_\_

Individual to be present and responsible \_\_\_\_\_

MTSU ID M# (if applicable) \_\_\_\_\_ Cell No. ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Date(s) Requested \_\_\_\_\_

Event Set-up Time \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_ Breakdown Time \_\_\_\_\_

Location Requested \_\_\_\_\_ Room \_\_\_\_\_ Room Expected Head Count \_\_\_\_\_

Date(s) Requested \_\_\_\_\_

Event Set-up Time \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_ Breakdown Time \_\_\_\_\_

Location Requested \_\_\_\_\_ Room \_\_\_\_\_ Room Expected Head Count \_\_\_\_\_

Date(s) Requested \_\_\_\_\_

Event Set-up Time \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_ Breakdown Time \_\_\_\_\_

Location Requested \_\_\_\_\_ Room \_\_\_\_\_ Room Expected Head Count \_\_\_\_\_

Set-up and  
Special Needs

Event Resources Requested (check all applicable)	Chairs Tables	Audio DVD/Film/Video	Outdoor Sound PowerPoint	Food Special Parking
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Open to General Public	Yes	No	Products for Purchase	Yes	No
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Tickets Required	Yes	No	Distributing Advertising Materials	Yes	No
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Admission/Registration Fee	Yes	No	Minor Participating	Yes	No
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*Some services are venue specific. Additional forms may be required. Additional charges may apply.*

Event Description

Event Category (check one)

Agriculture

Alumni

Arts

Athletics

Conference/Camp/Lecture

Testing

Do Not Publicize

Faculty/Staff Meeting

Recreation/Wellness

Student Activity/Event

Other \_\_\_\_\_

Event Website \_\_\_\_\_

# Application for Use of Facilities • Middle Tennessee State University • Murfreesboro, Tennessee

Title of Event \_\_\_\_\_

Requestor/Sponsor Contact

Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Billing Information *(If different than requestor)*

Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

*Applicant understands that filing of this application shall constitute agreement by applicant to the following conditions:*

1. *The intended use of campus property and facilities by applicant does not violate, and actual use will not violate, the provisions of Institution's Use of Campus Property and Facilities Scheduling Policy (MTSU Policy I:01:06), or any other policies or regulations of the Institution or the Tennessee Board of Regents or any federal state, or local law or regulation.*
2. *Any use of campus property and facilities pursuant to this application which is contrary to such policies, laws, or regulations of which is inconsistent with the activity as described in this application constitutes grounds for the Institution to remove the activity from campus property.*
3. *Applicant agrees to indemnify the Institution and hold it harmless from all liabilities arising out of applicant's use of institution property and/or facilities, including but not limited to personal injury, property damage, courts costs, or attorneys fees.*
4. *User agrees to furnish proof of insurance or performance bond upon request by the Institution as required by MTSU Policy I:01:06.*
5. *Affiliated Entities are responsible for all activities that they sponsor that involve nonaffiliated Entities/Individuals, including all event communications with the appropriate scheduler through this application as well as the conduct of the nonaffiliated Entities/Individuals.*
6. *Requestor agrees to pay required deposit upon receipt of confirmation. Amount of estimated charges and deposit will be forwarded to requestor once they have been calculated.*
7. *If the User and/or its Agents will accept credit or debit cards in connection with its performance under this Agreement, User agrees that it will at all times during the performance of this Agreement comply with current Payment Card Industry Data Security Standards (PCI DSS).*

Applicant acknowledges that the Institution has made a copy of its Use of Campus Property and Facilities Scheduling Policy (MTSU Policy I:01:06) available for review at <http://www.mtsu.edu/policies/> and understands that a physical copy of such policy will be provided upon request and payment of reasonable copying charges.

Requestor Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorization \_\_\_\_\_ Date \_\_\_\_\_

*Department Dean / Administrative Officer / Advisor Signature*

*Print Name*

Authorization Email \_\_\_\_\_ MTSU Authorization Phone \_\_\_\_\_

Student Affairs Authorization *(required for Student Organizations only)* Approved Disapproved

\_\_\_\_\_ Date \_\_\_\_\_

*Leadership and Service OR Office of Fraternity and Sorority Life Signature*

*Print Name*

**FOR OFFICIAL USE ONLY • DO NOT WRITE BELOW THIS LINE**

**R25#**

Facility Authorization Approved Disapproved

\_\_\_\_\_ Date \_\_\_\_\_

*Print Name*

Administrative Authorization Approved Disapproved

\_\_\_\_\_ Date \_\_\_\_\_

*Print Name*

**Notes** \_\_\_\_\_

Administration Fee \$ \_\_\_\_\_

Building Attendant \$ \_\_\_\_\_

Chairs \$ \_\_\_\_\_

Custodial/Grounds \$ \_\_\_\_\_

Production Services \$ \_\_\_\_\_

Parking Attendant \$ \_\_\_\_\_

Security \$ \_\_\_\_\_

Tables \$ \_\_\_\_\_

Technician \$ \_\_\_\_\_

Venue Fee \$ \_\_\_\_\_