This form must be submitted thirty (30) days before the event/activity to ensure timely processing. Submission of this form within the required timeframe does not constitute automatic approval. This application is not approved until the applicant receives his/her copy with “approved” specified. Student Organizations submitting requests must be officially recognized and currently registered to request use of campus facilities.

Please note that requests for audio/video and computer based resources (e.g., microphones, overhead projectors, spotlights, etc.) are made on a separate form from the Learning Resource Center. These forms are available from the Foster Hall Information Desk.

--- Please type (preferred) or print and return to the Foster Hall Information Desk. ---

Section I. Sponsor Information

Name of Organization/Department ________________________________
Contact Person ________________________________ Email ________________________________
Cell Number ________ Work Number ________ Fax Number ________

Faculty/Staff or Off-Campus Advisor ________________________________ Email ________________________________
Cell Number ________ Work Number ________ Fax Number ________

Will you be attending this event? ☐ Yes ☐ No
If not, which advisor will be attending?
Name ________________________________ Cell Number ________ Work Number ________
Advisor Signature ________________________________

Section II. Event Information

Date of Event ________________________________
Start Time: ________:____ AM ☐ PM ☐
End Time: ________:____ AM ☐ PM ☐
Begin Set-Up: ________:____ AM ☐ PM ☐
End Clean-Up: ________:____ AM ☐ PM ☐

Detailed Description of Event: ________________________________

Facility Requested: Building: ________________________________ Room Requested: ________________________________
Estimated Attendance _____________
Is this a fundraiser (admission or registration fee)? ☐ Yes ☐ No
If yes, how much is the fee? $_________
Will food be served? ☐ Yes ☐ No

Audience (check all appropriate categories):
☐ VSU Students ☐ VSU Faculty ☐ VSU Staff ☐ VSU Alumni ☐ VSU Grad Students ☐ General Public
☐ Prospective Students ☐ Community Youth ☐ Community Adults ☐ Academic/Professional Associates

Section III. Facilities Department Requirements

Please indicate the number of each needed:
Tables ________ Chairs ________ Band Shells ________ Chair Riser Sections ________ Staging Size ________

*** Please attach a diagram of the facility set-up. ***
All setup requests are subject to the approval of the Facilities Coordinator.

Housekeeping, Electrical, and Structures Department Requirements

Facilities Use Only

Set-Up: Date ________/____/____ Time: ________:____ AM ☐ PM ☐ PM ☐
Clean-Up: Date ________/____/____ Time: ________:____ AM ☐ PM ☐

Revised 07/10
STUDENT ORGANIZATIONS AND UNIVERSITY CALENDAR APPROVAL:
The requesting student organization is officially recognized and registered for this academic year.

___________________________  _________________________  _______________________
Student Organization and University Calendar Coordinator’s Signature  Date

FACILITIES APPROVAL:
Facilities must coordinate set up and take down. Signature is required.

__________________________  ______________________________  _______________________
Facilities Coordinator’s Signature  Date

BUILDING AVAILABILITY*: Availability must be coordinated with the building supervisor.

Is the facility available for this event?  □ Yes  □ No

___________________________  ______________________________  _______________________
Building Director’s Signature  Date

*IF GYM IS REQUESTED: Director of Athletics must approve.

___________________________  ______________________________  _______________________
Director of Athletics’ Signature  Date

POLICE APPROVAL:
Police coverage is required according to the nature of the activity and facility requested. The Chief of Police and his/her staff will determine the number of police and security personnel necessary.

Are officers required for this activity/event?  □ Yes  □ No

Personnel Required:  Number of Police _______  Cost $_________  Number of Security _______  Cost $_________

___________________________  ______________________________  _______________________
Chief of Police’s Signature  Date

STUDENT ACTIVITIES APPROVAL:

___ Approved  ___ Not Approved  ___ Conference Required

___________________________  ______________________________  _______________________
Director of Student Activities’ Signature  Date