

# Facility Reservation Request

Please review, complete and submit this form no later than 30 days in advance of the planned event. A decision will be rendered no later than 10 days following receipt. Note: Incomplete forms may delay a decision.

Organization/Department \_\_\_\_\_ Address \_\_\_\_\_  
 Event Coordinator \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_ Email \_\_\_\_\_  
 Requesting Organization: (check one)  Government Agency  Not for Profit – Supporting Documentation Required, Please attach.

Event Title \_\_\_\_\_ Event Type \_\_\_\_\_

Estimated Attendance \_\_\_\_\_  Single Event  Series of Events/Meetings

Space Requested Date of Event Day of Event Start Time End Time Hours of Use (including set up & clean up)

Space Requested	Date of Event	Day of Event	Start Time	End Time	Hours of Use (including set up & clean up)
Example DAV 130	9/16/2007	Wednesday	10:00 AM	3:00 PM	8:00 AM – 3:30 PM

Set up Requested (check one)

- Standard Set-up** (see below)  
 DAV 130 = 15 - 18" tables & 45 chairs;  
 CAC 133 = conference table & 20 chairs;  
 TER 300 = oval table & 16 chairs - no variation
- Lecture/Meeting (chairs only)  
 Conference - 18" tables  
 Round tables  
 Circle (chairs only)
- Boardroom (open rectangle)  
**Classrooms are available AS IS only**
- Custom set-up – PROVIDE DIAGRAM Required for CAC core or any set up that varies from standard set-up

**Audio-Visual** – Call for details and cost      **Parking** – Not included in use fee. Call to make arrangements.  
**USFSP Police** – May be required, at USF discretion, charges in addition to use fee.

Will alcohol be served?  Yes  No      If yes, USFSP permit is required and City/State permit may also be needed.  
 Will food be served?  Yes  No      If yes, Caterer \_\_\_\_\_ (must be USF contracted)  
**No Red Beverages permitted in any facilities**

*This reservation is not confirmed until approved by an authorized staff member of USF St. Petersburg and all required support documentation has been completed and approved. Reservation Services reserves the right to substitute space. Use of facilities is subject to the terms and conditions set forth on the reverse side.*

Also sign Terms & Conditions below.

\_\_\_\_\_  
 Authorized Signature - Required      Date - Required

***For Office Use Only***

<p>_____          Approving Signature</p> <p>_____          Date</p> <p>Entered in Book _____ initial</p>	<p style="text-align: center;">Date Received Stamp</p>
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