

## Fort Valley State University FACILITIES USE FORM



## SPONSORING ORGANIZATION INFORMATION

Organization or De	partment											
Contact Person												
Address												
Contact Number				Home	Work	Cell	Pag	ger				
Contact Number				Home	Work	Cell	Pag	ger				
Email												
Contact Signature												
Faculty/Staff Advi	sor											
Campus Address												
Home Address												
Contact Number				Home	Work	Cell	Pag	aer				
Contact Number				Home	Work	Cell	Pag					
Email				Fax	1	1 2 3	1	<i>,</i>				
if no, which advisor event/activity? Attending Advisor	·											
Faculty/Staff Advise	or Signatur	e			<u>-</u>							
EVENT INFORMA  Date of Activity/Event Detailed Descriptio Event												
Requested Area	Room _											
Start Time of Event Time to Start Set		AM	РМ	Event	End Time of Event Time to End		AM	РМ				
Up Estimated		AM	PM		Clean Up		AM	РМ				
Attendance Is there an admissi	on or regis	tration		Is this a fundr	aiser? Ye	s No						
fee? Will food be served?	Yes	No	Yes If yes, w the food	No mucho is preparing	ch?	\$						

Audience (Circle all appropriate categories):

	ł				FVSU					
FVSU Students	FVS	J Faculty	FVSU S		Alumni	Grad Students	General Public			
D					nmunity		Professional			
Prospective Students   Community			y Youth	А	dults	ASSO	ciates			
	_	_								
Buildings and G	rounds				able)	12.				
Number of			Number o	of		Staging				
Tables	oot data		Chairs			Size				
What is the earlie completed?	est date	mai setup c	an be							
What is the earlie	est date	that setup o	an be	_						
disassembled?	Jot dato	that ootap c	an bo							
House Keeping										
Requirements										
Comments:										
D: ( (D) (	<u> </u>									
Director of Plant	Operation	ons	Cian	oturo			Data			
			Sign	ature			Date			
			OFFIC	E USE	ONLY					
FACILITY AVAIL	LABILIT	Y: Availabi	ility must	be coord	dinated w	ith the building sup	ervisor.			
			•			,				
Is this facility		e for this								
activity/event	.?			☐ Yes	☐ No					
						Dir	ector			
POLICE APPRO	VΔΙ · Ε	Police cover	age is red	nuired ac	cordina t	to the nature of the	activity and			
						ermine the number				
necessary.										
•										
Are officers re		for this								
activity/event				Yes	☐ No					
Number of O	fficers	Office	ers			Cost				
Required:		Hired				Per Hr:				
Amount Paid		\$								
Direc	tor of C	ampus Polic	re & Safe	atv.		Date	<del></del>			
Direc	7.01 01 0	ampus r one	oc a oaic	, ty		Date				
Campus Life: R	equired	only for stu	dent orga	nization	\$					
Gampao Eno. 70	oquirou	only for old	aont orga	mzatrom	<u>.                                    </u>					
Campus Li	fe Repre	esentative:		Date:						
Director of Aux	ilianı ar	d Support	Sarvica							
Director of Auxiliary and Support Service										
Approved	□ N	ot Approved	d □ Fa	cility No	t Availabl	e 🔲 Conference	Required			
		Director			<del></del>	Data				
		Director				Date				

\*The Office of Auxiliary and Support Services must be informed at least ten (10) working days prior to the initial approved date.

This application is not approved until the applicant <u>receives</u> his/her copy with "approved" specified.