

FACILITIES USE FOR SCHEDULED EVENT (FUSE)

Campus Departments and External Organizations

(student clubs submit requests through ENGAGE)

Date form submitted	For best results submit this form 30	days prior to event date.
TO REQUEST FACILITY SPACE IN	I THE FOLLOWING LOCATIONS, RETUR	RN THIS FORM TO:
All Theatres: Fine and Performing Art Student Union: Student Activities & U All Other Campus Locations: Confe	Jnion Services - Student Union 211	
Organization or department name_ (check one) Campus Department [☐ Outside Organization ☐ Individual ☐ Othe	 er
	Phone	
Address	Email	
Event title		
	udent □ Faculty/Staff □ Alumni □ Comm	
Expected number of audience mem	bers	
Frequency of request (assuming all d ☐ One Time ☐ Weekly ☐ Multiple Day	etails are the same) vs Every Other Week Monthly Other	
Day(s) of week ☐ Monday ☐ Tuesda	y □Wednesday □Thursday □ Friday □Sa	aturday □ Sunday
	start time \(\text{\text{\text{a.m.}}} \) \(\text{\text{p.m.}} \) \(\text{\text{\text{p.m.}}} \) \(\text{\text{a.m.}} \) \(\text{\text{\text{a.m.}}} \) \(\text{\text{a.m.}} \)	•
Desired location(s): Building/exter	ior location	Room(s)
Do you need the lobby of the room	above for the event, as well? \square No \square Ye	es
Are you requesting University Police	e security? No Yes	
Are non-students under the age of	17 present? □ No □ Yes (If yes, please re	fer to the Child Protection Policy)
Are you requesting technology? □	No □ Yes	
community policing, etc. The reserving de	dditional services such as equipment, electrical, epartment is responsible for arranging these servations coordinator. Please note that outside org	catering, parking, Facilities deliveries, technology, vices at least 15 days in advance and will require you anizations will require a certificate of insurance.
should include the following statement. "accommodation or for inquiries about acc	We strive to host inclusive, accessible events the	All advertisements, invitations and notices of the eventate enable all individuals to engage fully. To request an wo weeks prior to the event." For more information accessibility-guide-for-events/.
DEPARTMENT HEAD APPROVAL		
Name	Signature	Date
FACILITY/ROOM APPROVAL (building Building		
Approved by	Date Confirmation	n #