



FACILITY REQUEST -- ILLINOIS STATE UNIVERSITY
NON-ACADEMIC USE

OFFICE USE ONLY:
Reservation # \_\_\_\_\_

To ensure consideration, please complete and return with the event publicity materials to the Conference Services Scheduling Coordinator for approval at least TEN (10) WORKING DAYS prior to event. Requests received less than ten (10) working days prior to event will not be considered. To ensure readability, TYPE and FULLY complete both sides of this form. The Facility Request is confirmed when the applicant receives an approved copy of this form. In signing this request, the applicant acknowledges understanding of and responsibility for abiding by the General Revenue Facilities Usage Guidelines. To avoid a cancellation fee, please notify the Scheduling Coordinator of any CANCELLATION at least five (5) working days in advance of event.

1. Name of event: \_\_\_\_\_

2. Describe the event activity: \_\_\_\_\_
\_\_\_\_\_

3. Type of event: On-campus group \_\_\_\_\_ Off-campus group \_\_\_\_\_

4. Estimated attendance: \_\_\_\_\_ Estimated # under age 18: \_\_\_\_\_ Estimated # over age 18: \_\_\_\_\_

5. Sponsored by: University Department \_\_\_\_\_ Registered Student Organization \_\_\_\_\_ Other \_\_\_\_\_
Non-Profit Organization (please list your IL Tax Exempt #) \_\_\_\_\_

6. Name of sponsoring organization/department: \_\_\_\_\_
If University dept. or Registered Student Organization, give University account # (for revenue generated from event, if applicable):
\_\_\_\_\_

7. What is the entry fee, admission fee, registration charge, voluntary donation for admission, or any other type of income taken at event or in advance: \$ \_\_\_\_\_

8. Will merchandise or services be sold, promoted, or offered from an outside/external source? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Will food or beverage be served? Yes \_\_\_\_\_ No \_\_\_\_\_ Special needs: \_\_\_\_\_

10. Date/time requested: (date) (day of week ) (time) (AM/PM) (AM/PM) (AM/PM) (AM/PM)
Time needed for preparation, cleanup, etc. 1. \_\_\_\_\_ to \_\_\_\_\_ Actual time of program \_\_\_\_\_ to \_\_\_\_\_
2. \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_
3. \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_
4. \_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_

Additional Dates: \_\_\_\_\_

11. Contact person in attendance at event: \_\_\_\_\_

12. Facility requested: \_\_\_\_\_
Classroom(s) \_\_\_\_\_
Auditorium \_\_\_\_\_ Gymnasium \_\_\_\_\_
Pool \_\_\_\_\_ Locker rooms \_\_\_\_\_
Lobby \_\_\_\_\_ Field\* \_\_\_\_\_
Quad\* \_\_\_\_\_ Other\* \_\_\_\_\_

\*Will there be audio amplification at these sites? Yes \_\_\_\_\_ No \_\_\_\_\_

13. \_\_\_\_\_ Change request: Replaces previous scheduling for: \_\_\_\_\_
(name, location, time)

