

Application for Use of Facilities

Application Is Contingent Upon Approval

Title of Event _____

Event Type (check one)

Student Sponsored

Academic Course Related

External

University Sponsored

Co-Sponsored

Index No. _____

MTSU Affiliated Organization _____

Non-Affiliated/External Organizations (if applicable) _____

Total Event Expected Head Count _____ Age Group of Participants _____

Individual to be present and responsible _____

MTSU ID M# (if applicable) _____ Cell No. (_____) _____ - _____

Date(s) Requested _____

Event Set-up Time _____ Start Time _____ End Time _____ Breakdown Time _____

Location Requested _____ Room _____ Room Expected Head Count _____

Date(s) Requested _____

Event Set-up Time _____ Start Time _____ End Time _____ Breakdown Time _____

Location Requested _____ Room _____ Room Expected Head Count _____

Date(s) Requested _____

Event Set-up Time _____ Start Time _____ End Time _____ Breakdown Time _____

Location Requested _____ Room _____ Room Expected Head Count _____

Set-up and
Special Needs

Event Resources Requested (check all applicable)	Chairs Tables	Audio DVD/Film/Video	Outdoor Sound PowerPoint	Food Special Parking
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Open to General Public	Yes	No	Products for Purchase	Yes	No
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Tickets Required	Yes	No	Distributing Advertising Materials	Yes	No
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Admission/Registration Fee	Yes	No	Minor Participating	Yes	No
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Some services are venue specific. Additional forms may be required. Additional charges may apply.

Event Description

Event Category (check one)

Agriculture

Alumni

Arts

Athletics

Conference/Camp/Lecture

Testing

Do Not Publicize

Faculty/Staff Meeting

Recreation/Wellness

Student Activity/Event

Other _____

Event Website _____

Application for Use of Facilities • Middle Tennessee State University • Murfreesboro, Tennessee

Title of Event _____

Requestor/Sponsor Contact

Billing Information *(If different than requestor)*

Name _____

Name _____

Phone (____) ____ - _____ Fax (____) ____ - _____

Phone (____) ____ - _____ Fax (____) ____ - _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Email _____

Email _____

Applicant understands that filing of this application shall constitute agreement by applicant to the following conditions:

1. *The intended use of campus property and facilities by applicant does not violate, and actual use will not violate, the provisions of Institution's Use of Campus Property and Facilities Scheduling Policy (MTSU Policy 100), or any other policies or regulations of the Institution or any federal, state, or local law or regulation.*
2. *Any use of campus property and facilities pursuant to this application which is contrary to such policies, laws, or regulations or which is inconsistent with the activity as described in this application constitutes grounds for the Institution to remove the activity from campus property.*
3. *Applicant agrees to indemnify the Institution and hold it harmless from all liabilities arising out of applicant's use of institution property and/or facilities, including but not limited to personal injury, property damage, court costs, or attorney's fees.*
4. *User agrees to furnish proof of insurance or performance bond upon request by the Institution as required by MTSU Policy 100.*
5. *Affiliated Entities are responsible for all activities that they sponsor that involve nonaffiliated Entities/Individuals, including all event communications with the appropriate scheduler through this application as well as the conduct of the nonaffiliated Entities/Individuals.*
6. *Requestor agrees to pay required deposit upon receipt of confirmation. Amount of estimated charges and deposit will be forwarded to requestor once they have been calculated.*
7. *If the User and/or its Agents will accept credit or debit cards in connection with its performance under this Agreement, User agrees that it will at all times during the performance of this Agreement comply with current Payment Card Industry Data Security Standards (PCI DSS).*

Applicant acknowledges that the Institution has made a copy of its Use of Campus Property and Facilities Scheduling Policy (MTSU Policy 100) available for review at <http://www.mtsu.edu/policies/> and understands that a physical copy of such policy will be provided upon request and payment of reasonable copying charges.

Requestor Signature _____ Date _____

Authorization _____ Date _____

Department Dean / Administrative Officer / Advisor Signature

Print Name

Authorization Email _____ MTSU Authorization Phone _____

Student Affairs Authorization *(required for Student Organizations only)* Approved Disapproved

_____ Date _____

Leadership and Service OR Office of Fraternity and Sorority Life Signature

Print Name

FOR OFFICIAL USE ONLY • DO NOT WRITE BELOW THIS LINE

R25#

Facility Authorization Approved Disapproved

_____ Date _____

Print Name

Administrative Authorization Approved Disapproved

_____ Date _____

Print Name

Notes _____

Administration Fee \$ _____

Building Attendant \$ _____

Chairs \$ _____

Custodial/Grounds \$ _____

Production Services \$ _____

Parking Attendant \$ _____

Security \$ _____

Tables \$ _____

Technician \$ _____

Venue Fee \$ _____