

FACILITIES USE APPLICATION
RESERVATION AND ESTIMATED CHARGE SCHEDULE

PART - A Event Information

Name of Applicant Organization/Sponsor:
Name of Authorized Agent/Contact:
Organization Address:
Phone: Fax:

Type of Organization

- FAU department or unit
FAU student government or direct support organization
FAU registered student organization
Tax exempt, non profit organization (evidence of status must be provided)
For profit organization
Other (please specify)

Description of Activity:

Table with 3 columns: Facilities Requested, Dates, Times

Estimated Attendance: Refreshments/Catering: Yes No
Other Special Requirements:

NOTE: Written permission is required to serve alcoholic beverages (See Policy Memorandum #19X) or to sell/cater food/beverages unless the food/beverages are served by the University Caterer.

PART - B Estimated Charges

Charge Schedule Applicable to Activity: B C
D * N/A Facility Administrators Initials

Table with 2 columns: Facility Base Rental Fee, Estimated Amount
Rows include: Description of Facility, Personnel Services, Equipment, Other

University Fee: _____
Processing and Administrative Charge: _____
Capital Cost Recovery Charge: _____
Sales Tax: _____

Total Estimated Charges: _____

A non-refundable deposit (10% of base rental fee) is required of all schedule C and D Users. The amount of deposit required is \$ _____. I hereby agree that:

- 1) The non-refundable deposit will be paid by _____.
- 2) The balance of the estimated charges will be paid no later than thirty days prior to the activity start date.
- 3) Final charges, if any, will be calculated at the conclusion of the activity and shall be paid within forty five days after completion of the activity. Reimbursement for excess payment will be handled similarly.

Clean-up will be completed within _____ hours after the event or a clean-up charge will be incurred.

I hereby affirm that the information given herein is true and accurate to the best of my belief and knowledge and that I am authorized to act on behalf of the named organization in this regard. If Florida Atlantic University facilities are approved for the purpose requested, I agree that such use will conform with the Rules of Florida Atlantic University, Rules of the Florida Board of Regents and Florida Statutes. I also acknowledge that I will be responsible for informing all persons taking part in the event of the conditions and restrictions of usage of the facility or area.

Signature - Authorized Agent _____
Date

Facility Administrator _____
Date

PART - C Approval

<u>NOTE: THIS SECTION FOR OSUA USE ONLY</u>	
_____ Facilities reserved as requested.	
_____ Facilities tentatively reserved as requested, pending approval and execution of a Facilities Use Agreement.	
_____ Facilities tentatively reserved pending receipt of written authorization to serve alcohol and/or provide food/beverages from a source other than the University Caterer.	
_____ Application denied. Reason: _____	
_____ Director, OSUA	_____ Date

- cc:
- | | |
|---|---|
| <input type="checkbox"/> Facility Administrator | <input type="checkbox"/> Physical Plant |
| <input type="checkbox"/> University Police | <input type="checkbox"/> EH&S |
| <input type="checkbox"/> Traffic & Parking | <input type="checkbox"/> file |