TRACKING NUMBER : _____

(Revised 12/19/08)

FLORIDA A&M UNIVERSITY
FACILITY REQUEST & EVENT APPROVAL FORM

(Form <u>MUST BE</u> received by the Office of Student Activities in accordance with REQUIRED RULES ON BACK OF FORM)
SECTION I (FOR REQUESTOR USE ONLY)

*CAMPUS EVENT DATE: _____ ***CAMPUS EVENT TIME: From** _____am/pm **To** _____am/pm
(***CHANGE** in Event Date/or Event Time **<u>CAN ONLY</u>** be made with signed approval from the Building Coordinator & Student Activities)

ORGANIZATION/AREA/AGENCY NAME (Print): _____

Mailing Address (city/state/zip) _____
*** ALL STUDENT ORGANIZATIONS MUST BE OFFICIALLY REGISTERED ***

OUTSIDE ORGANIZATIONS <u>WILL NOT</u> BE APPROVED FOR SOCIAL (Dances, Parties, Etc.) EVENTS ON-CAMPUS
Venues with an (*) indicate Non-University Use (Outside Organizations/Public Use) See Back of form for Approved Venues & Capacity

OUTSIDE ORGANIZATION: ____YES ____NO **PAID EVENT:** ____YES ____NO **TICKET SALES:** Beginning No._____ Ending No. _____

TYPE OF EVENT _____(Must adhere to submission deadlines): **Agenda ___ Proposal ___ attached as appropriate**

ADVISOR/AREA OFFICIAL NAME (Print): _____ Signature: _____

ORGANIZATION President/Other (Print): _____ Signature: _____

EVENT CONTACT NAME (Print) _____ POSITION: _____

CONTACT SIGNATURE: _____ Tele. No(s): _____ E-Mail _____

OSA approval/date required (Clubs/Organizations/Students Events): _____**Date**_____

_____
| **Building/Venue/Area/ Name/Room Number** | **Telephone No.** | **Coordinator (Designee) Signature** | **Date** |

*******************DO NOT WRITE BELOW THIS LINE *******************

SECTION II (FOR COMMITTEE USE ONLY)
SIGNATURES BELOW ARE REQUIRED BEFORE THIS EVENT IS CONSIDERED APPROVED

1. _____   Not Required: _____ Approved: _____ Denied: _____
    Risk Manager (Designee)/Insurance/Waiver Requirements   (Proof of Insurance required prior to Approval)

2. _____   Not Required: _____ Approved: _____ Denied: _____
    FAMU Police Chief (Designee) Allow for 24 Hours Hold
    Required Number of Law Enforcement/Security Officers: Enforcement Officers: _____ Security Officers: _____
    (Name of Other Law Enforcement Agencies If Required):   _____

3. _____   Not Required: _____ Required: _____ Denied: _____
    Physical Plant Director (Designee)

4. _____   Approved: _____ Denied: _____ Date: _____
    Student Union/OSA Director (Designee)

5. _____   Approved: _____ Denied: _____ Date: _____
    General Counsel (Designee)   **(Contract Receipt REQUIRED 24 Work Days Prior to Event)**

6. _____   Approved: _____ Denied: _____ Date: _____
    Vice President or Dean of Student Affairs (Designee)

COMMENT(S)/Signatory Number:
_____

_____
  Comment Codes: 01=Insurance; 02=Financial Obligations; 03=Event Conflict; 04=Set Up/Break Down; 05=Judicial Hold; 06=Risk/unsafe conditions; 07=Security