Facility Usage Application and Agreement

Return Completed Form to Campus Administration

Charleston Fax: 651.5515 Cheyenne Fax: 651.4833 Henderson Fax: 651.3503

- **Campus Administration Contact Numbers: Henderson: 651-3010, Cheyenne: 651-4002, Charleston: 651-5637.**

- **Please attach a list of set up needs (tables, chairs, etc.) or a diagram. Campus Administration will process I-Service Work Request.**
- Use one form for each room/event requested. For exceptions, please contact the Campus Administration Office
- User will be responsible for damage. Deposit may be required.
- Will alcohol be served? Yes ☐ No ☐ *requires special permission of the President.*
- All fees must be received **prior** to the event.

Note: Room Fees and Use charges pertain to External and Co-Sponsored Events only.

Name of Campus Organizer/Sponsor: ______________________________

Applicant Name: ______________________________ **Telephone:** ______________

Address: ______________________________

Street *City* *State* *Zip*

Email: ______________________________ Fax **number:** ______________

Supervision to be provided by applicant during event: ______________ **Telephone:** ______________

Person's name

Purpose of event (REQUIRED-please be specific): ______________________________

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Requested Campus: ☐Henderson ☐Cheyenne ☐Charleston ☐Other ______________

Event type: ☐Internal ☐Sponsored ☐External ☐Co-Sponsored ☐Hosted

Room Number/Type: ______________________________

(Example: conference room, classroom, parking lot, lobby, entrance, courtyard, lawn, patio, etc.)

Date(s): ______________ **Day(s) of Week:** ______________ Hours**:** From ________ To ________

Size (number of attendees): ______________________________

Room Fees pertain to External Events only. Please contact Campus Administration for external room rates.

Special Equipment Requested: ______________________________

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Proof of Insurance: Certificate of Insurance with Board of Regents/CSN named as additional insured in the amount of $1,000,000 **must** accompany this application. Applicant/Person in Charge agrees to comply with all conditions as noted above, and on the reverse side of this page. Governmental agencies are exempt from this insurance requirement.

Board of Regents Policy states: NSHE facilities may not be used for the purpose of raising monies to aid projects not related to some authorized activity of NSHE or of NSHE groups, and no efforts at coercion and solicitation by uninvited non-campus groups or individuals will be permitted on campus. NSHE functions take precedence over any other activities in the use of NSHE facilities.

Cleaning charge: If the room is left dirty, or requires more than general cleanup, then an appropriate cleaning fee will be due and payable before the facility can be rented again.

External renters must contain their use of the facility to the normal campus hours, as there is no administrator on duty beyond those hours.

Applicant: ______________________________ **Date**: ______________

Approvals:

Campus Administrator/Manager ______________________________ Date: ______________

President/Vice President ______________________________ Date: ______________

★★

For Campus Use Only

Room assignment: CSN Facility Scheduler: ______________ Date: ______________