

**Indiana University East**  
 2325 Chester Boulevard, Richmond, Indiana 47374  
 765-973-8200

**APPLICATION FOR USE OF FACILITIES**

Date: \_\_\_\_\_ Applicant: \_\_\_\_\_

**DATE OF EVENT:** \_\_\_\_\_

**FACILITY NEEDED:** \_\_\_\_\_ **Building:** \_\_\_\_\_ **Room:** \_\_\_\_\_  
 (set up) **Time** From: \_\_\_\_\_ To: \_\_\_\_\_  
 Actual Time From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ If you are applying for more than one date or a series of dates, check here and attach separate sheet.

**Description:** *(Provide brief description and purpose of event)*

# of Participants:
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**Services Needed:**

If Yes, PROVIDE SPECIFIC NEEDS:

Physical Set Up YES \_\_\_\_\_ NO \_\_\_\_\_

Audio Visual Support YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_ Custodial Support \_\_\_\_\_ Security Support \_\_\_\_\_ Marketing Support

**Contact Person** (person in charge during use of facilities)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address or Room Number: \_\_\_\_\_

Billing address: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Facilities Available \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Fees:	Space _____	Custodial _____	Security _____
	Audio/Visual _____	Other _____	Total _____
Copies to:	Applicant _____	Custodial _____	Security _____
	IT/Audio/Visual _____	Marketing _____	Art Gallery _____
	Welcome _____	Physical _____	
	Center _____	Plant _____	Other _____