



REGIONAL CAMPUSES
SOUTH ORLANDO

FACILITY RESERVATION REQUEST

(Please type or print legibly)

USER INFORMATION

Date Submitted _____

User _____

User's Address _____

(street)

(city)

(state)

(zip)

Contact Person _____

Phone Number: Day _____ Evening _____ Fax Number _____

Status of User (check one)

University Department/Unit

Non-Profit Organization

University Auxiliary

Government

Other _____

UCF Sponsor Name (if applicable) _____ Title _____

Department _____ Phone _____

Signature _____ Date _____

ACTIVITY

Name of Event _____

Description of Event _____

Date(s) requested _____ *Reservation time (includes set-up/breakdown): From _____ To _____

Actual event time: From _____ To _____

Estimated attendance _____ Open to the public? Yes No

Will fees be charged? Yes No Amount? \$ _____

Will any items/services be sold at the event? Yes No If yes, what? _____

Will food be served? Yes No What? _____ Caterer (if applicable) _____

FURNITURE & EQUIPMENT REQUIREMENTS

VCR/Monitor Video/LCD Projector Flip Chart/Easel Screen Overhead Projector Computer

Other (please specify) _____

CERTIFICATE OF INSURANCE (Please attach)

Insurance Company _____ Certificate Number _____

PRINTED MATERIALS

Please provide copies of promotional literature of event, where applicable, prior to event.

*Note: The University of Central Florida reserves the right to cancel this event at any time prior to or during the event if User fails to comply with University policies and procedures or if false statements are contained in this request; this request may also be superseded due to university needs. Rental fees apply for any event held at UCF South Orlando for which an admission, registration or any other fee is charged for participants to attend. * User's will be invoiced based on reserved time and cannot be reduced after facility use. Reductions in reserved time must be made at least 3 days in advance. I have been provided with the UCF South Orlando facility use general policies and know and will abide by the rules and policies stated therein.*

USER'S SIGNATURE _____ DATE _____

(Required)

TITLE _____ TELEPHONE _____

FOR OFFICE USE ONLY

Approved

Denied

Staff Initials _____

Room assigned _____

Cancellation date _____

Estimated fees \$ _____

Actual fees charged \$ _____

Invoiced on _____

Invoice # _____