Facilities Use Request Form

Group Requesting Space: Campus Group For-Profit Organization University-Related Group Non-Profit Organization

Application Date: ____________

Organization/Individual Requesting Space: ________________________________________________________________

Sponsoring Campus Office or Organization (if required by UWS Ch. 21): ________________________________________

Contact Name: ____________________________ Fax: ____________________________
Email: ____________________________ Telephone: ____________________________
Address: ____________________________ City, State, Zip: ____________________________

Type of Event (please provide description of event): ____________________________________________________________

Number of Persons Attending: ______ Will a Fee be charged for this Event? Yes No If Yes, Fee Amount: $ ______

Building/Room Requested:

<table>
<thead>
<tr>
<th>Building/Room Requested</th>
<th>First Choice Building and Room Number (if known)</th>
<th>Second Choice Building and Room Number</th>
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</thead>
<tbody>
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Dates Requested:

<table>
<thead>
<tr>
<th>Dates Requested</th>
<th>Date(s)</th>
<th>Day(s) of Week</th>
<th>Start and Stop Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Choice</td>
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<tr>
<td>Second Choice</td>
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<tr>
<td>Third Choice</td>
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</tbody>
</table>

IT Equipment Requested: (select requested equipment)

1. Laptop
2. Computer (classroom based)
3. Internet Connection:
4. LCD Projector

IT Support Requested: Yes No
(Billed Hourly) Please contact Cristi Beringer, 920-683-2744 to make arrangements

Library Equipment Requested: (select requested equipment)

1. TV/VCR
2. DVD Player

Theatre Equipment Requested: (select requested equipment)

1. Microphone
2. Piano
3. Multimedia Podium (Theatre only)

Food Service Requested: Yes No
If Yes, to make arrangements, please contact Blue Devil Grill 920-683-4714

Will Alcoholic Beverages Be Served at this Event? Yes No
If yes, UW-System guidelines require approval of Dean, as well as other restrictions. Please see Facilities Use Policies & Procedures for more information.

Room Setup Requested:

1. Meeting Format (chairs placed around a table)
2. Lecture Format (podium and chairs for an audience)
3. Classroom Style (tables with chairs facing instructor)
4. Other

On behalf of the organization I represent, I assume responsibility for the use of the facility in accordance with the UW-Manitowoc Facility Use Policies and Procedures. Please see attached applicable policies and procedures.

Signature____________________________________(for Organization) Date____________________________

Campus Approval

By: ______________________________________ Title: ____________________________ Date: ______________
Comment: __________________________________________________________________________________________

Estimated Usage Fee: $ ____________________________

*Actual fee will be determined following event.