

Facilities Use Request Form

Application Date: _____

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

Return Form to: April Peissig, Facility Coordinator, UW-Manitowoc, 705 Viebahn St., Manitowoc, WI 54220-6699.
Phone 920-683-4700; fax 920-683-4776.

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:

First Choice Building and Room Number (if known)	Second Choice Building and Room Number

Dates Requested:

	Date(s)	Day(s) of Week	Start and Stop Times
First Choice			
Second Choice			
Third Choice			

IT Equipment Requested: (select requested equipment)

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

Theatre Equipment Requested: (select requested equipment)

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

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

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.