Request is: Tentative * Confirmed Canceled * If this is a tentative request, you have 10 days to confirm or your reservation will be cancelled.	FACILITY USE REQUEST INSTITUTION NAME Please return original to: <name at="" college="" of="" or="" person="" school=""> <street address=""> <city state="" zip=""> <phone> <fax></fax></phone></city></street></name>	
Date facility	Day of the	
needed	week	
Group/		
sponsor		
Brief description of the requested facility use		
Use	Use	
start time	end time	
If request is for a regular weekly/monthly time, please describe		
Location being	Room	
requested Rain plan/	Estimated	
alternate	attendance	
site		
Name, address & phone of primary contact person	Name, address & phone of secondary contact person	
Will your group need access to the building to decorate or set-up	before the time/day of the use? Yes No	
If so, when?		
Admissions standards for the event:	equired Invitation Only Open to the Public	
Do you anticipate guests with special needs/physical challenges? If yes, please describe:	? Yes No	
Will food be served? (special permission is required)	Yes No	
If yes, please describe:		
Is special room set-up required? (a separate charge may apply)	Yes No	
If yes, please describe your needs:		
Will there be a need for custodial services after the event? (a separ.	ate charge may apply) Yes No	

Will	outside equipment be delivered/picked up?	Yes No			
If yes, please describe:					
Is audiovisual equipment needed? (a separate charge may apply)			Yes No		
f ye	es, please describe:				
	GENERAL	Conditions for Facility Use			
ne all	r agrees that the property and facilities ofevent is being held as well as any other parts of the campus beways and restrooms) shall be used only for purposes that confidencedures of the institution and only for the purposes as des	peing utilized by the group including, but not orm to, and in a manner consistent with, fede			
	User agrees to abide by all fire, safety, traffic and parking, a	nd public safety requirements of the institutio	n.		
2. Smoking is not permitted in any facility.					
3. The sale, consumption or possession of alcoholic beverages shall not be permitted on the premises at anytime. Nor shall any person who is in a drunken or intoxicated condition, or who is under the influence of liquor, be permitted on the premises. The primary contact person above will be held responsible for the enforcement of this rule.					
The use of profane language or gambling in any form is not permitted in any facility.					
	No use of equipment shall be granted unless an instructor or	attendant, approved by the institution, is in o	charge of the rooms or equipment.		
	User agrees to be responsible for any damages to any facilities and/or property or injury to other persons caused by persons using the facility under this Agreement.				
7. User agrees to indemnify, defend and hold harmless, its board, administrators, employees, agents and volunteers from any and all claims, suits, actions and liability arising or alleged to arise out of injuries or damages sustained by any person as a result of the use of the facility under this Agreement, not withstanding the negligence of the institution, its board, administrators, employees, agents and volunteers.					
8. User agrees to provide proof of comprehensive general liability insurance of not less than \$1,000,000 per occurrence, which names the institution as an additional insured. The institution reserves the right to cancel this Agreement if such proof of insurance is not provided at least two weeks prior to the scheduled use and maintained throughout the use. In the event acceptable proof of insurance cannot be provided by the user, the institution can arrange for the procurement of Special Event insurance, if needed, by going to www.musicprogram.org then going to Coverage Requests - Special Events Coverage. By clicking on the application for coverage, you are then directed to the TULIP program and can receive a quote for your event. Questions can be directed to the Arthur J. Gallagher Risk Management Services, our insurance administrator at musicprogram@ajg.com for the MUSIC Team.					
Failure to abide by the terms of this Agreement may result in the immediate termination of the Agreement by the institution.					
 This Agreement may be modified only by the written agreement of the User and the institution. 					
sti	mated	Estimated			
en	tal charge	other fees			
Amount of payment		Date of payment			
	Fees must be paid at the time reservations are confirmed.	1			
	Cancellations are accepted up to one week prior to the factor preparation for the use. Any refund would be reduced by the prior to the use.				
3. The institution reserves the right to cancel this reservation if, in its sole discretion, it has reason to believe that the facility use will conflict with the General Conditions above. The institution also reserves the right to change reservations to other rooms with the understanding that, if possible, comparable facilities will be provided.					
	Users of facilities will abide by the General Conditions.				

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requested	
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site	attendance
Name.	Name,
address &	address &
phone of	phone of
primary	secondary
contact	contact
person	person
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			103			
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	tal charge	other fees				
	ount of ment	Date of Payment				
2.	Fees must be paid at the time reservations are confirmed. Pay	yment is to be made by check payable to	o <district name=""> School District.</district>			
3.	Cancellations are accepted up to one week prior to the facility use. A full refund will be made unless the institution has incurred costs in preparation for the use. Any refund would be reduced by those costs. No refund will be made for cancellations received less than one week prior to the use.					
4.	The institution reserves the right to cancel this reservation if, in its sole discretion, it has reason to believe that the facility use will conflict with the General Conditions above. The institution also reserves the right to change reservations to other rooms with the understanding that, if possible, comparable facilities will be provided.					
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