

**SOUTH CAROLINA STATE UNIVERSITY  
DEPARTMENT OF STUDENT LIFE AND LEADERSHIP PROGRAMS**

**FACILITY USAGE REQUEST**

**NOTE: This form must be completed to request the use of any campus facility for any activity (other than regularly scheduled academic use) sponsored by an organization or department.**

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

Requestor's Name: \_\_\_\_\_

Requesting Organization/Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Name/Type of Activity: \_\_\_\_\_

(i.e. Leadership Awards Banquet, School of Arts and Sciences, Faculty Luncheon, etc.)

Building Requested: \_\_\_\_\_ Room(s): \_\_\_\_\_

**NOTE: Please complete one form for each building requested.**

Date(s) Requested: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

Time of Activity: From \_\_\_\_\_ a.m. To \_\_\_\_\_ p.m. Facility will be available for use a half hour before and after activity. Please indicate any additional time requested prior to activity. \_\_\_\_\_ hrs. (Custodial charges may apply.)

Expected attendance \_\_\_\_\_ (Number must be confirmed 48 hours prior to activity.)

Is Food Service Required? Yes  No  (All food services must be coordinated by the SCSU Food Services Department.)

Is a Fee (admission, registration, etc.) required for attendance? Yes  No  (rented charges may apply.)

Program/Set-up Specification: (Include head table count, table arrangements and other set-up requirements)

Is this information to appear on the campus weekly calendar? Yes  No

Requestor's Signature \_\_\_\_\_

Advisor/Chair/Director's Signature \_\_\_\_\_

<b>Standard Set-Up Requirements. Please check each items required and fill in quantities where applicable.</b>	
<input type="checkbox"/> Number of tables required _____	<input type="checkbox"/> What equipment will be brought into the building? _____
<input type="checkbox"/> Number of chairs required _____	<input type="checkbox"/> Set-up (Sound Systems, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Head Table (Number of persons to be seated) _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Microphones (How many) _____	<input type="checkbox"/> Spotlight Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Podium Yes <input type="checkbox"/> No <input type="checkbox"/>	(Arrangements have to be made)
<input type="checkbox"/> Set-up time needed (number of hours) _____	<input type="checkbox"/> University to supply flowers, greenery, etc
<input type="checkbox"/> Other special needs (give details): _____	

<b>FOR OFFICE USE ONLY</b>			
Request Received _____	Sent for Approval _____		
APPROVED BY: _____	DISAPPROVED BY: _____		
Chair/Director/Facility _____ Date _____	Chair/Director/Facility _____ Date _____		
Request Returned _____			
APPROVED BY: _____	DISAPPROVED BY: _____		
Director, Student Life & Leadership _____ Date _____	Director, Student Life & Leadership _____ Date _____		
Comments: _____			
Notice of Cancellation By: _____			
Signature of Requestor or Advisor/Chair/Director _____		Date _____	
Applicable Charges: Custodian _____	Rental _____	Other _____	