University of Missouri - Kansas City
Student Life Office
Registration Document

UMKC FACILITIES REQUEST

When requesting space outside of the University Center, check with the Scheduling Office (AC-116 or 235-1119) on availability prior to completing this form. If the facility is available, have the room placed on hold until this form is completely processed and approved. Submit this form at least ONE WEEK before the event to allow time for processing.

Sponsoring Organization: _____

Representative's Information:

Name: _____ Phone: (_____)_____-_____

Address: _____

_____

Representative's Signature: _____ Date: _____/_____/_____

Event Information:

Date(s): _____ Time(s): _____

Location(s):_____

Nature of Event (full description): _____

Purpose of Event: _____

Attendance estimates: _____ Students _____ Faculty/Staff _____ Guests 0 Total

Will admission be charged? (If yes, complete Permit to Sell form): _____Yes _____No

Equipment Needs:

List any equipment requests for your event:_____

_____

I UNDERSTAND IT IS THE RESPONSIBILITY OF THE ORGANIZATION USING A FACILITY TO ENSURE THAT THE RESERVED SPACE WILL BE RETURNED TO ITS ORIGINAL CONDITION AND SETUP. ORGANIZATIONS FAILING TO DO SO WILL BE ASSESSED A FEE FOR ANY CLEANING OR REPAIRS.

Approvals/Authorizations:

Student Life (UC-G6): _____ Date: _____/_____/_____

Room Scheduling (AC-116): _____ Date: _____/_____/_____

Other: _____ Date: _____/_____/_____

Comments from approving parties:_____

Upon Approval:		
	White copy to Student Life Office	UC-G6
	Yellow copy to Room Scheduling	AC-116
	Pink copy to UMKC Police	SSB-213
	Green copy to Sponsoring Organization	see address above
	Blue copy to Facilities Management	GSB-101

Reset Form

REVISED: MARCH, 2002 Other please list address_____