

## **Facility Use Request Form**

*Facility use base fee is \$5	o/hr.
*Cash/check payment mu	<u>st be submitted with form to Lower Campus office 1 week prior to</u>
<u>event.</u>	
Full Name:	
Contact Phone:	Contact Email Address:
CLA Staff Sponsor Name:	
CLA Staff Sponsor Signat	aure: Date:
*CLA staff sponsor accepts resp	oonsibility for facility and conduct of participants during event*
Building(s) Requested:	
Date of Event:	_ Event Starting Time: Event Finishing Time:
Purpose of Event:	
	CLA Admininstrator Use Only
Date Received w/payment	ż
Received By (Name of staf	f/admin):
Approved/Denied:	
Admin/Asst Name:	Admin/Asst Signature: