



Dillard University ~ Auxiliary Services

Facility Use Request Form

Office: (504) 816-4259 Fax: (504) 816-4224

All forms are due no later than 2 weeks in advance of the event.

For Auxiliary Services Use:

Facility Reserved: _____

Date Reserved: _____

Time Reserved: _____

Event Coordinator Signature: _____

Received Date: _____

Event Information

Event Date _____ Date Submitted _____

Description of Event (Include an explanation of all scheduled activity) _____

Requested Building/Area(s) _____ Room # _____

Alternate Building/ Area(s) _____ Room # _____

Start Time _____ AM PM End Time _____ AM PM

Attendance # _____ Admission Fee Y N Cost Per Person _____

Officers Needed _____ (4 hour minimum - 1 officer per every 100 guests)

Audience (Check all that apply)

DU Students DU Faculty DU Staff DU Alumni Summer Program

Prospective Students Community Youth Community Adults General Public

All Activities Require an Authorized University Event Sponsor - Fees Vary Per Event

For Departmental Use:

Department Approval: _____

Approval Date: _____

Sponsor Information

Organization/Department _____

Faculty/Staff Advisor _____

DU Office Phone Number _____ Cell Phone # _____

Event Contact Person _____

Contact Person Phone # _____ Cell Phone # _____

Contact Email Address _____

Event Sponsor Must Be Present At All Activities - No Exceptions

For Student Affairs Use:

Student Activities Approval: _____

Approval Date: _____

Equipment Requirements

Number Tables _____ Round Square Lectern/Podium _____

Number Chairs _____ Black Tan White Microphone(s) _____

Sound System _____ Small Med Large Tarp Needed _____

Building / Room Set-Up Diagram Must Be Submitted With Request

Classroom/Theater _____ U Shape Style _____ # Trash Bins _____

Conference Style _____ Banquet Style _____ **Set-Up Time** _____

Contact (504) 816-4763 for Facility Set-Up Details.

For Registrar's Office Use:

Registrar's Approval: _____

Approval Date: _____

Catering Requirements

Food Tables _____ Start Time _____ End Time _____

Breakfast _____ Dinner _____ Florals _____

Continental _____ Water Service _____ Cloths/Skirts _____

Lunch _____ Snack/Refresh _____ China/Plastic _____

Boxed Lunch _____ Banquet _____ **Set-Up Time** _____

A Dillard University Purchase Order is required for all catering orders. PO # _____

Contact (504) 816-4553 for Catering Planning Details.

For Public Safety Use:

Public Safety Approval: _____

Approvers Initials/Date: _____

Officer(s) Assigned: _____

Audio / Visual Requirements

Laptop Needed Y N Projector/Screen Y N DVD/Blue Ray/CD Y N

Voice/Data Use Y N Internet Use Y N **Set-Up Time** _____

Technician Requirements

Lighting Design Y N # Stage Hands _____ Filming Asst. Y N

Sound Operator Y N **Rehearsal Start/End Time** _____

Media Planning

All media representatives must be approved in advance of the event.

Contact (504) 816-4328 for Media Planning Detail.

Requestor's Signature _____ Date _____

Facilities Management Work Order #: _____ ITT Work Order #: _____

Guidelines for Requesting Facility Use are as Follows:

- 1 Complete and submit this for the the Office of Auxiliary Services.
- 2 Requests must be received by the appropriate deadline, 2 weeks in advance of the event date, in order to be processed for approval.
- 3 All event requests to use the Cook Center Theater, George's Auditorium, PSB room 131-135, PSB Ortigue Mock Trial Center, PSB 300 and Student Union Multi Purpose Room require a minimum of one technician.
The technician must be secured in advance.
- 4 All non-University affiliated users must provide a Certificate of Insurance, listing Dillard University as an additional insured. This includes third party vendors.
- 5 The University Cashier is the approved official by the Office of Business & Finance for all cash collections for University related activities/events.
- 6 All deposit fees must be paid in full and are non-refundable. Reservations will not be confirmed without deposit. The University reserves the right to assess fees to cover additional services requested but not outlined herein.
- 7 Only approved Advisors for Student Organizations must contact Food Services for catering/meal plans.
- 8 An approved copy of this form must be presented upon request at the event location.

Terms & Conditions

- 1 Provide direct supervision of all activities and adhere to all federal, state and municipal laws, in addition to the rules of Dillard University (smoking is prohibited).
- 2 Leave the facility clean upon completion of the event.
- 3 Indemnify, defend, and hold harmless, Dillard University from any loss or claim for damages by reason of bodily injury, or property damage arising out of the activity.
- 4 Provide a Certificate of Insurance from the applicant's insurance carrier certifying that the applicant carries liability insurance at limits of not less that \$1,000,000 per occurrence on bodily injury and property damage, and that Dillard University is included as an additional insured. The certificate must be attached to this request form.
- 5 Reimburse Dillard University from any damage to University property related to the activity.

Pricing & Fees

Facility Use Fee	_____	(Rates vary per date/per location)
Security	_____	(Minimum of four hours per event/1 Officer per every 100 Guests)
Room Set-Up	_____	(Rates vary per date/per equipment. Weekends and holidays extra)
Equipment Rental	_____	(Rates vary per date/per equipment)
A/V, IT Equipment	_____	(Rates vary per date/per equipment)
A/V Technician	_____	(Minimum of three hours per event)
Custodian	_____	(Rates vary per date/per location. Weekends and holidays extra)
HVAC Technician	_____	(Rates vary per date/per location. Weekends and holidays extra)
Insurance Fee	_____	(Rates vary per event. See Risk Manager for coverage details)
Housing Fee	_____	(Rates vary per date/per location)
Life Guard	_____	(Minimum of three hours per event/1 Life Guard per every 50 Guests)
Other	_____	(Rates vary)
Total Charges	\$ _____	-
Deposit Paid (50%)	\$ _____	- (Non-refundable reservation deposit is due 30 days prior to the event)
Additional Fees	_____	(Additional fees to be determined after the event)
Balance Due	\$ _____	- (Balance due 2 weeks prior to event date)

Event Sponsor Signature / Date

Event Coordinator Signature / Date