FLORIDA ATLANTIC UNIVERSITY

Facilities Use Application

Use of University Facilities (Policy #4.2.1)

Please type or print clearly.

Entered in Computer
Reservation # _____
Office Use Only

Contact Information

Name of Organization/Unit _____ Phone _____

Contact Person _____ E-mail Address _____ Fax # _____

Address _____ City, State _____ Zip _____

Please select all applicable to your organization:

- ☐ FAU Student/Faculty or Staff/Department or Unit
- ☐ University Partner/Affiliated Group or Individual
- ☐ Not for Profit Unaffiliated Group (provide copy of tax exemption)
- ☐ For-profit Unaffiliated Group
- ☐ Other (Specify): _____

Will your event include minors and/or vulnerable persons either under guardianship or conservatorship? ☐ Yes ☐ No If "Yes", the Facility Use Addendum for Vulnerable Persons must be included in your submission.

Please note: Sponsor must be present for all sponsored events and is fiscally responsible.

FAU Sponsor's Name: _____ Phone: _____

Dept/College: _____ Email: _____

Event Information

Name of Event: _____

Location of Event: Campus: _____ Building or Area: _____

Day(s) of Event: _____ Date(s): _____ Time(s) of Event: _____

Event Description: _____

Estimated Total Attandance: _____ Is event open only to FAU staff/students? _____

Will you be using a tent? _____ Will there be an admission charge? _____

Will food be served? _____ If admission charges, indicate amount. _____

Will you be serving alcohol? _____ Will there be amplified sound? (describe) _____

Will you be videotaping this event? _____ VIP's/Media attending? _____

A Food Release Form is required for events on the Boca Raton and Jupiter campuses if food services are not provided by Chartwell's.

Please select all that apply to your event. (Requester is responsible for all applicable work orders.)

Setup Needs:

- ☐ 6' Tables (how many) _____
- ☐ Chairs (how many) _____
- ☐ Porter Service
- ☐ Sprinkler shut-off
- ☐ Wireless/Internet Access
- ☐ Microphone(s)
- ☐ Sound System
- ☐ Videography
- ☐ Podium
- ☐ Time Extension (before 7am or after 6pm)
- ☐ Standard 5K/10K Route
- ☐ Parking is needed (How many) _____

Other needs (describe): _____

Clean-up will be completed within _____ hours after the event or a clean-up charge will be incurred.

I hereby affirm that the information given herein is true and accurate to the best of my belief and knowledge and that I am authorized to act on behalf of the named organization in this regard. If Florida Atlantic University facilities are approved for the purpose requested, I agree that such use will conform with the rules of Florida Atlantic University and Florida Board of Governors and Florida Statutes. I also aknowledge that I will be responsible for informing all persons taking part in the event of the conditions and restrictions of usage of the facility or area.

Signature - Authorized Agent _____ Date _____

Payment & Insurance

10% of the use rate is required as a non-refundable deposit in order to reserve space.

100% of fees are due 5 business days prior to the event. Any additional costs (i.e. clean up fees or late adjustment charges) are due immediately upon receipt of invoice.

Use of Campus grounds require a WO to be issued by organizer and a TAG# to be provided.

NOTE: Proof of liability insurance coverage is required as specified in the applicable Facilities Use Agreement

Approvals & Signatures

Facility Administrator/Designee _____ Date _____

Provost Signature Required for Unaffiliated Activities of Academic Space

Provost _____ Date _____

This section is for OSUA use only

- ☐ Facilities reserved as requested
- ☐ Pending approval and execution of Facilities Use Agreement
- ☐ Referred to Facilities Committee
- ☐ Application Denied Reason: _____

Space Utilization and Analysis _____ Date _____

cc:
- ☐ Facility Administrator
- ☐ University Police
- ☐ Physical Plant
- ☐ EH&S
- ☐ Traffic & Parking
- ☐ Event Management
- ☐ Provost
- ☐ OSUA
- ☐ PcPO
- ☐ E&U

Form updated: August 2026