

UNIVERSITY OF ARKANSAS AT MONTICELLO
REQUEST FOR ACADEMIC FACILITY

Please submit this completed document to the appropriate office for verification of availability and reservation of facility before arranging an event.

Organization: _____

Type of Organization (ie: UAM Organization, Community, School District, etc.): _____

Contact Person: _____ UAM/Unit Sponsor: _____

Address: _____

Contact Telephone: _____ / _____ Type of Event: _____
HOME OR DAY WORK OR EVENING

Building and Room(s) Requested: _____

Date(s) of Event: _____ Start Time: _____ End Time: _____

Charge Expenses to: _____
Account Title Account Number

According to University policy, the on-campus faculty/staff advisor of the student organization must be present at any scheduled activity of the organization. (Refer to the online student handbook for full policy guidelines.)

*** Classrooms must be left as prior to meeting.

Return completed form to: UAM Registrar Office, Harris Hall 102 – for Academic Buildings
UAM Athletic Director, Steelman Fieldhouse – for Fieldhouse or Stadium

I agree to abide by the University's rules and regulations while using the requested facilities.

Signature: _____ **Date:** _____

UAM/Unit Sponsor Signature: _____ **Date:** _____

Building Supervisor Signature: _____ **Date:** _____

Director of Student Programs & Activities Signature: _____ **Date:** _____

Available without further approval Not available Available – Needs Executive Council approval

Approved by Executive Council Not Approved by Executive Council

Executive Council Authorized Signature: _____ **Date:** _____

Office Use Only:

Authorized Signature: _____ **Date:** _____

Room Reserved: _____ Organization Notified: _____

Special Arrangements _____

Comments: _____

Copy to: Event Sponsor Public Safety Other: _____

Building Supervisor(s): _____

Director of Student Programs & Activities: _____