# Internal Facility Request

Must be submitted to HOSS at least 10 business days prior to event (DOES NOT include WEEKENDS)

## Organization/Dept.: ___________________________ Date: ___________________________

Contact/ Pres. of Student Org.: ___________________________ Title: ___________________________ Email: ___________________________

Phone: (Work) ___________________________ Cell: ___________________________

Person Submitting Request: ___________________________ Title: ___________________________ Cell: ___________________________

### Signatures:
- Chaperone
- Chair/Advisor
- Division V.P.
- Student Activities Director
- SGA President

### Residential Life
- Athletic Director
- Intramural Sports
- Facility Management
- Campus Safety
- Food Service
- Other

*PLEASE NOTE*: The appropriate signatures ARE REQUIRED in order to process your facility request.

## NAME OF EVENT:

Details of Event: ____________________________________________________________

Event Sponsored by: ( ) Faculty/Staff ( ) Administration ( ) Student Organization

**Facility Requested: (List Top 2 Choices)**

**DATE** of Event: ___________________________ **DAY** of Event: ___________________________ **Time**: From _______ am./pm. To _______ am./pm.

**Estimated Attendance**: ___________________________ Fee: Is there an admission charge/donation? ( ) YES ( ) NO

If YES, how will proceeds be used? **Explain:**

**Need Technical Support?** ( ) YES ( ) NO **Explain:** ___________________________

**Student Guests from other Universities invited?** ( ) YES ( ) NO If YES, must contact Security **14** days in advance of event (Not including weekends) @ 305-626-3771. **Explain:** ___________________________

**Is Event Open to the Public and/or Community Guests?** ( ) YES ( ) NO **Explain:** ___________________________

**FOOD SERVICE:** ( ) YES ( ) NO **ALL** food service must be supplied by FMU’s Catering vendor (305-626-3778/9)

Will a tent, hot air balloon, stage or outdoor set-up be required? ( ) YES ( ) NO If YES, the signature of FMU’s Facility Manager will be required in order to process your request. **Explain:** ___________________________

**FLIERS**: Must be approved by HOSS PRIOR to distribution, posting on or off campus, Facebook or other social media.

DJ: ( ) YES ( ) NO **Name:** ___________________________ **Cell:** ___________________________

List additional meeting dates. Attach event set-up, stage & sound needs.

Scheduling Coordinator: ___________________________ Date: ___________________________

Comments: ___________________________

__________________________  ___________________________

List additional meeting dates. Attach event set-up, stage & sound needs.