

**Florida Memorial University**  
**Office of Hospitality Services & Scheduling**  
*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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_