

**Florida Memorial University  
Wellness Center**

*Event Inquiry Request*

**Instructions:** Please complete and submit the following details for request to utilize the FMU Wellness Center. **\*\***

**Organization/Company:** \_\_\_\_\_ **Date: of Request:** \_\_\_\_\_

**Event Title:** \_\_\_\_\_ **Event Date(s):** \_\_\_\_\_

**Event Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Phone: (Work)** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Type of Event:**  Concert  Tournament  Banquet/Luncheon  Other

**Anticipated Prep Time:** \_\_\_\_\_ **Start Time:** \_\_\_\_\_ **am or pm** **End Time:** \_\_\_\_\_ **am or pm**

**Will there be Guest Entertainment:**  YES  NO **Estimated # of performers/participants:** \_\_\_\_\_

**GIVE A BRIEF DESCRIPTION OF EVENT IN BOX BELOW:** **Put box below**

\_\_\_\_\_  
\_\_\_\_\_

**GIVE A DETAILED DESCRIPTION OF EVENT'S TECHNICAL NEEDS IN THE BOX BELOW. (This includes lighting, sound needs, multi-media needs, stage set up, etc.)** **Put box below**

**Type of Admission:** Invitation only:  Paid:  Free:  Ticketed:

**Type of Seating:** Reserved:  General:  Assigned:  Open:

**Is this event open to the public?** YES  NO  **Ticket prices:** From: \$ \_\_\_\_\_ To: \_\_\_\_\_ **Estimated Attendance:** \_\_\_\_\_

**Wellness Center Facilities Requested:** \_\_\_\_\_

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

Will a tent, 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 & Social Media:** Must be approved by the Office Hospitality Services & Scheduling **PRIOR** to distribution, posting on or off campus, Facebook, Twitter, Instagram or other social media outlets. Contact Mrs. Yvonne Bendross, Director of Hospitality Services & Scheduling at (305-436-4692).

**DJ:** ( ) YES ( ) NO **Name:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

If Applicable, please list additional meeting dates. Attach event set-up, stage & sound needs.

**Office Use Only**

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**FMU Wellness Center Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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