

**Florida Memorial University
Wellness Center**

Internal Facility Request

Must be submitted to the Wellness Center Director 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

Wellness Center 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 Campus Safety **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 & Social Media: Must be approved Office Hospitality Services & Scheduling **PRIOR** to distribution, posting on or off campus, Facebook, Twitter, Instagram or other social media outlets.

DJ: () YES () NO Name: _____ Cell: _____

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

Office Use Only

FMU Wellness Center Director: _____ Date: _____

Comments: _____
