

**Must be submitted to HOSS at least 30 business days prior to event (DOES NOT include WEEKENDS)**

**Facility Request:** ( ) Smith Conference Center ( ) Lehman Auditorium ( ) Lou Rawls Center for the Performing Arts  
( ) FMU-FIU Auditorium ( ) Other:

**Organization/Dept.:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact/ Pres. of Student Org.:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**Person Submitting Request:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**\*Signatures:**

_____	_____	_____	_____	_____
Chair/Advisor	Office of the Provost	Student Engagement Director	Residential Life	Athletic Director
_____	_____	_____	_____	_____
Intramural Sports	Facility Management	Campus Safety	Food Service	Office of Hospitality

*\* 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?** ( ) Public ( ) Community Guests ( ) Stakeholders: \_\_\_\_\_

**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.**

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

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

**Scheduling Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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