



THE UNIVERSITY OF TENNESSEE AT MARTIN

Facility Reservation Request Form Elam Center

Event Title: _____

Sponsoring Organization(s): _____

Student Organization Information Only (Adviser and President Info)

Adviser's Name: _____ Adviser's Email: _____

Date: _____ Phone: _____

Adviser's Signature: _____

President's Name: _____ President's Email: _____

Date: _____ Phone: _____

President's Signature: _____

Coordinator of Student Organizations or Greek Life: Event Approved* Event Not Approved*

Signature: _____ Date: _____

**Reservation is contingent upon approval.*

Billing Contact	Requestor Information
Name _____	Name _____
Phone _____	Phone _____
Fax _____	Fax _____
Email _____	Email _____
Campus Address _____	Campus Address _____

Contact Person (Must be present at event): _____ Email: _____

Address: _____ Phone: _____

City, State, Zip: _____

Event Information

Facility Requested: _____ Estimated Attendance: _____

Date of Event: _____ Time Event Begins: _____ Time Event Ends: _____

Preparation Date: _____ Set Up Begins: _____ Tear Down Ends: _____

Guests Include: Campus Only General Public

Admission Charged? Yes: \$_____ No Will Food Be Served? Yes No

Type of Event (check all that apply)

- Meeting Conference/Workshop Promotional Activity Camp
- Fundraiser Sport Event Athletic Practice Athletic Game

Detailed Description of Event (including names of speakers and/or entertainers): _____

Equipment Requested for Event (indicate exact number needed):

- Chairs _____ Tables _____ Stage _____ Sound System _____ Backdrop _____
 Special Lighting _____ Special Parking _____

List specific type and amount of other equipment: _____

Note: Use and set up of university equipment may involve or require a users' fee.

Conditions: *I have read and understand this agreement, and I am aware that any activity conducted will be in accordance with all University regulations and policies as well as applicable federal, state and local laws. Any unusual expense incurred by the university resulting from this activity shall be the responsibility of the user. I acknowledge that all listed information is accurate, and I will let the appropriate department know if anything changes before the event. I understand that failure to meet any conditions of this agreement shall result in a cancellation at any time. Some activities and events, whether or not university related, may require a contract or lease agreement.*

Signature

Date

DEPARTMENT USE ONLY

Date Received _____ Time Received _____
Received By _____ Approved by _____
Date Approved _____ Total Cost _____
Date Paid In Full _____ Receipt # _____

THE UNIVERSITY of TENNESSEE 
MARTIN

Office of Campus Recreation
15 Mt. Pelia Rd.; 1020 Elam Center
Martin, TN 38238
Phone: (731)881-7745; Fax: (731)881-7725