FACILITY RESERVATION REQUEST FORM
- An advanced reservation of at least one week is strongly encouraged -

Sponsoring Organization: ____________________________________________________________________

If a UT Martin Student Organization, please provide the following:
Advisor Name: _____________________________________________________________________________
Campus Address: _________________________________ Campus Telephone: _______________________

Name: (person filling out this form) ________________________________________________________________
Address: __________________________________________________________________________________
City: ________________________________ State: ___________________ Zip: _______________________
Home Telephone: ______________________________ Work Telephone: _____________________________
Cell Telephone: ______________________________ Email Address: ________________________________
Contact Person #2: __________________________________________________________________________
Address: __________________________________________________________________________________
City: ________________________________ State: ___________________ Zip: _______________________
Home Telephone: ______________________________ Work Telephone: _____________________________
Cell Telephone: ______________________________ Email Address: ________________________________

Date of Event: ______________________ Start Time: ________________ Ending Time: _________________

Type of Event: __________________________ Conditions: __________________________ Needs: ___________
____ Practice ______________________ Open to Public ______ Floor Covering
____ Speaker ______________________ Closed to Public ______ Sound System
____ Dance ______________________ No Admission Fee ______ Tables
____ Concert ______________________ Admission Fees ______ Chairs
____ Workshop _____________________ Fund Raiser ______ Catering
____ Athletic Game _____________________ Other ______ Security
____ Banquet __________________________ ___Power-point/wireless mouse
____ Meeting ___________________________ Table(s) ______ DVD/VCR
____ Other _______________________________ Podium ______ Podium w/mic

All events that require the services of a caterer are required to contact the Sodexo catering office at 881-7994. There are exceptions to this rule with the permission of the Director of Sodexo. The reservation form will not be approved until this has been done.
Dances/Music & DJ/Lighting: Our house sound system is designed for low to moderate audio transmission. Its location and function do not allow for constant supervision. Individuals or groups who would like to host a dance are required to seek out alternate sources for their music purposes. The lighting in this facility, on the gym floor, can be lowered but only to a faint dim. We are currently not equipped with specialized lighting for more extravagant dance floor situations. You are encouraged to seek out other lighting options.

Technology: Our gym and stage area are equipped with a projection system that displays a movie theater type image. The projector is hooked up to a stationary desktop computer with internet capabilities and a wireless mouse. It can be used for Power-point purposes as well as DVD/VCR presentations.

Conditions: Applicant agrees that any activity conducted will be in accordance with all University regulations and policies as well as any applicable federal, state, and local laws. Furthermore, any unusual expense incurred by the University resulting from this activity shall be the responsibility of the user. Some activities and events may require a contract or lease agreement.

Applicant’s Signature: __________________________________________ Date: _____________________

UT Martin Students and Student Organizations: For events on Friday and Saturday evenings extending past 11:00 p.m., your reservation for this facility will not be complete until you have met with the UT Martin Public Safety Director to discuss safety and security issues, and to develop a risk management plan. The director’s signature is required on this form before the facility will be officially reserved for your event or activity.

Public Safety Director: __________________________________________ Date: _____________________

The unloading and loading of equipment and/or materials to this facility may not be done unless accompanied, at all times, by appropriate staff. Do not pull up to the building without proper supervision.