

(Revised 6/1/15)

**FLORIDA A&M UNIVERSITY
FACILITY REQUEST & EVENT APPROVAL FORM**

(Form MUST BE received by the Office of Student Activities in accordance with REQUIRED RULES ON BACK OF FORM)

SECTION I (FOR REQUESTOR USE ONLY)

*CAMPUS EVENT DATE: _____ *CAMPUS EVENT TIME: From _____ am/pm _____ am/pm
(*CHANGE in Event Date/or Event Time CAN ONLY be made with signed approval from the Building Coordinator & Student Activities)

ORGANIZATION/AREA/AGENCY NAME (Print): _____

Mailing Address (city/state/zip) _____

***** ALL STUDENT ORGANIZATIONS MUST BE OFFICIALLY REGISTERED *****

**OUTSIDE ORGANIZATIONS WILL NOT BE APPROVED FOR SOCIAL (Dances, Parties, Etc.) EVENTS ON-CAMPUS
Venues with an (*) indicate Non-University Use (Outside Organizations/Public Use) See Back of form for Approved Venues & Capacity**

OUTSIDE ORGANIZATION: ___ YES ___ NO **PAID EVENT:** ___ YES ___ NO **TICKET SALES:** Beginning No. ___ Ending No. ___

TYPE OF EVENT _____ (Must adhere to submission deadlines): **Agenda** ___ **Proposal attached as appropriate**

ADVISOR/AREA OFFICIAL NAME (Print): _____ Signature: _____

ORGANIZATION President/Other (Print): _____ Signature: _____

EVENT CONTACT NAME (Print): _____ POSITION: _____

CONTACT SIGNATURE: _____ Tele. No(s): _____ E-Mail: _____

OSA approval/date required (Clubs/Organizations/Student Events): _____ **Date** _____

Building/Venue/Area/ Name/Room Number Telephone No. Coordinator (Designee) Signature Date

******* DO NOT WRITE BELOW THIS LINE *******

SECTION II (FOR COMMITTEE USE ONLY)

SIGNATURES BELOW ARE REQUIRED BEFORE THIS EVENT IS CONSIDERED APPROVED

1. _____ Not Required: _____ Approved: _____ Denied: _____
Risk Manager (Designee)/Insurance/Waiver Requirements (Proof of Insurance required prior to Approval)

2. _____ Not Required: _____ Approved: _____ Denied: _____
FAMU Police Chief (Designee) Allow for 24 Hours Hold Enforcement Officers: _____ Security Officers: _____
Required Number of Law Enforcement/Security Officers: _____
(Name of Other Law Enforcement Agencies If Required): _____

3. _____ Not Required: _____ Required: _____ Denied: _____
Physical Plant Director (Designee)

4. _____ Approved: _____ Denied: _____ Date: _____
Student Union/OSA Director (Designee)

5. _____ Approved: _____ Denied: _____ Date: _____
Environmental Health & Safety (Designee)

6. _____ Approved: _____ Denied: _____ Date: _____
General Counsel (Designee) **(Contract Receipt REQUIRED 24 Work Days Prior to Event)**

7. _____ Approved: _____ Denied: _____ Date: _____
Vice President or Dean of Student Affairs (Designee)

COMMENT(S)/Signatory Number: _____