Perkins School of Theology

P O Box 750133
Dallas TX 75231-0133

REQUEST FOR USE OF FACILITIES

Before completing this form, you should be familiar with the applicable sections of the Student Code that deal with the use of Campus Facilities and the Sale or Distribution of Literature on campus. These policies are stated in the Student Organizational Handbook. Non-SMU groups may also obtain a copy of pertinent policies from the Room Manager. The form should be completed in ink and returned to the Room Manager, Room 315, Kirby Hall, at least 7 days prior to the date of the event.

EVENT NAME: _____
PURPOSE OF EVENT: _____
DESCRIPTION OF EVENT: _____
_____
DATES FACILITIES WILL BE USED: _____
ACTUAL DATE OF EVENT: _____ FROM: _____ AM/PM TO _____ AM/PM
LOCATION(ROOM) REQUESTED: _____
SPONSORING ORGANIZATION: _____
CONTACT PERSON: _____ PH _____
ADDRESS: _____
EMAIL ADDRESS: _____
IF SMU GROUP, NAME OF ADVISOR _____ PH _____
EXPECTED ATTENDANCE OF EVENT (IF APPLICABLE) _____
Will heavy equipment be utilized (trucks, platforms, trailers, etc.) Yes No
Date & Time you will set up for event: _____
Will you need assistance/equipment from the Physical Plant Department? Yes No
If so, please specify: _____

- We understand that as a sponsor(s) of this activity and/or non-SMU group, we are accepting responsibility for the person, actions, activities, and products associated with the event.
- We agree to remove all items and debris from the event by the conclusion of the event, and failure to do so may result in a $100 cleaning fee being charge to the sponsoring organization/individual and/or suspension of further use of Perkins facilities.
- If a non-SMU group, we understand that a certificate of proof of liability insurance will be provided no later than 7 days prior to the event.
- We also understand that this form is solely to facilitate administrative procedures and in NO manner does it represent endorsement or support of the described activities, or products by the University, its employees, or Perkins School of Theology.
- I/We have carefully read, fully understand, and agree to abide with the policies pertinent to this request.

_____
Signature of Sponsoring Organization's Representative Date

_____
Signature of Room Manager Date

_____
Signature of Facilities Committee Representative Date