

TAMUK FACILITY USE PERMIT APPLICATION & EVENT SUMMARY

Organization/Group Name: _____
Organization/Group Name of Contact: _____
Organization/Group Contact Phone: _____
Organization/Group Mailing Address: _____
Organization/Group Email Address: _____
Name of Activity/Event: _____
Date(s) of Event: _____
Hour(s) Include Set Up and Take Down: _____

TAMUK RECSports Facility/Area to be used:

DESCRIPTION OF INTENDED ACTIVITIES (Including # of people participating & their University Affiliation, person(s) supervising: etc., attach brochure (if necessary))

Number of participants: TAMUK affiliated _____ Community member _____

Route Map (if applicable)

Admission charge or collection taken? Yes No Amount \$ _____

Is a BBQ planned? Yes No If yes, EH & S Permit Received?

Revenue expected? Will items be sold?

List items with amount charged

Staff and/or Equipment requested? Yes No

(If yes, please list the items you are requesting)

The person signing this request on behalf of the applicant represents that he/she is authorized to execute the associated facility use agreement.

Authorized signature for applicant

Date

Approval is contingent upon the specific limitations, conditions and restrictions for use noted on the Facility Use Agreement and arrangements made no later than 10 working days prior to the proposed event.
