

**REQUEST FOR USE OF UNIVERSITY PREMISES AND FACILITIES \***  
**UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN**

Please read all University regulations when completing this form.

All Registered Organizations must submit this form to the Illini Union Office of Registered Organizations (280 Illini Union) for review prior to space being assigned.

Complete this form and submit to the appropriate contact.

-- For space in the Illini Union, contact the Illini Union Event Services Office at 333-0691 (Main Level, Suite 129)

-- For recreation facilities including the ARC, CRCE, Ice Arena, Illini Grove and outdoor fields, see Campus Recreation contacts.

-- For all general classrooms and other outdoor areas -- Office of Admissions and Records, Facility Management & Scheduling 901 W. Illinois, Urbana IL 61801 MC-061

SPONSORING DEPARTMENT/ORGANIZATION \_\_\_\_\_

NAME OF EVENT \_\_\_\_\_

**PLEASE CHECK ONE OF THE 5 BOXES BELOW WHICH DESCRIBES YOUR GROUP**

☐ Administrative Unit

☐ \*\*Registered Student Organization (RSO Staff Member Approval must appear below)

☐ Academic Unit

☐ Registered Campus-Community Organization

☐ Outside Organization (explain make-up of group and purpose of the event)

**Please indicate the TOTAL number of seats needed and/or the anticipated attendance at the program.**

**Please list alternative dates or locations in case your first choice is not available.**

Date(s)	Hours From To	# of Seats Needed	IT Equip Needed? Y/N	Requested Space	Space Assigned For Office Use ONLY

**Total number of hours requested:**

1. Will there be an admission charge, sale of items, collection of donations or any money generated at this event (excluding dues, assessments or initiation fees)?

☐ Yes ☐ No

Organizations are required to deposit any such funds into their Organization Fund Account.

2. Is this event a fund-raiser for charity? ☐ Yes ☐ No

If so, which charity?

☐ Yes

☐ No

Name: \_\_\_\_\_

3. Will there be any non-UIUC-affiliated speakers/performers?

☐ Yes

☐ No

4. Are any non-University individuals attending or invited to this event?

☐ Yes

☐ No

5. Will food or beverages be served? ☐ Yes ☐ No

Will food be cooked on a grill? ☐ Yes ☐ No

If yes, please describe below.

*All food/beverage requests are subject to the approval of your facility's coordinator.*

6. Do you need a special set-up: (Alterations of facilities, need for equipment or services such as tables, audio-visual/multi-media, microphones, etc.)?

☐ Yes ☐ No

If yes, please describe your needs (with diagram, if possible, below). If you have a set up, please include a diagram if available.

*All set-up requests are subject to the approval of the facility coordinator.*

**The sponsoring group is responsible for all cleanup and any damages incurred as a result of this event.**

**Please provide additional details below:**

University Account Number \_\_\_\_\_

Signature of Authorized Agent(s) \_\_\_\_\_

Date Filed \_\_\_\_\_

Contact Person/Scheduler \_\_\_\_\_

UIN \_\_\_\_\_

**MUST Complete for Contact Person:**

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

UIUC Email Address \_\_\_\_\_

Mail Code \_\_\_\_\_

Phone \_\_\_\_\_

**THIS REQUEST FOR SPACE IS CONFIRMED VIA EMAIL FROM THE CONTROLLING DEPARTMENT.**

**Do Not Write Below This Line (For Office Use Only)**

Reservation ID

\*\*EVENT APPROVED BY \_\_\_\_\_

Date \_\_\_\_\_

SPACE APPROVED BY \_\_\_\_\_

Date \_\_\_\_\_