

**Request For Reservation Of Cultural and Resource Center Facilities**

- Afro American                       Asian Pacific American                       Latino Native American  
 Lesbian, Gay, Bisexual, Transgender Resource Center

Please return or email the completed form to the Cultural Center you are requesting to reserve.

The centers may be reserved during operational hours (no later than 2:00 am for the LNACC, Afro House and the Lesbian, Gay, Bisexual, Transgender Resource Center and no later than 11:00 pm for the APACC). All reservation requests must be submitted at least seven (7) business days prior to event. The person/organization signing this form assumes liability for damages and cleaning charges. You will be notified within two (2) business days if your reservation is approved.

\_\_\_\_\_ UI student org (MFK # required)      \_\_\_\_\_ UI dept/org (MFK # required)      \_\_\_\_\_ Non UI org (\$50.00 deposit required)

Name of organization/person: \_\_\_\_\_

Date of event: \_\_\_\_\_ Type of event: \_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Contact person: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**UI MFK #: (If any physical damages or a set/clean up is needed MFK # will be assessed a fee)**

Fund	Org	Dept	Sub-Dept	Grant/Program	Org Acct	Dept Acct	Fn
XXX	XX	XXXX	XXXXX	X XXXXX XX	XXX	XXXXX	XX

Expected attendance: \_\_\_\_\_

\_\_\_\_\_ Event open to organization membership only      \_\_\_\_\_ Event open to all university      \_\_\_\_\_ Event open to the public

- Non UI organization must leave a \$50.00 set/clean up deposit. Deposit will be returned if no set/clean up is performed by center staff. If there are damages/clean up to the center that exceeds the deposit you will be billed for the difference.
- If there is an admission to this event you must get approval to charge from the University Box Office (UBO) located in the Iowa Memorial Union.
- The centers all have a TV, VCR and CD player. If your event requires additional equipment, it is your responsibility to supply this equipment.
- I/my organization is liable to pay for any damages or cleaning charges that may be imposed as a result of any activities that take place at the center during the time period for which I reserved the facilities.
- If the event occurs after regular operating hours, I/my organization will be responsible for paying \$\_\_\_\_\_ per hour to have a center staff on duty during the duration of the event if necessary (*this fee can be assessed to UI MFK #*).
- I also certify that I have read and understand the center's operating procedures, including the cleaning policy, decorating policy, cultural center fundraising/solicitation policy.
- I also agree to abide by all The University Iowa facility use, rules, including no alcohol served in university building; nor smoking in the cultural centers.

Signature of person assuming liability: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Office Use Only</b></p> <p>UBO approval: _____ Date: _____</p> <p>Date/time of request submission: _____ Staff receiving request: _____</p> <p>Date deposit received: _____ Amount of deposit: _____ Check Name/#: _____</p>
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