



FACILITIES REQUEST FORM

Date: _____

The University of Tennessee at Chattanooga

Women's Center, Room 351 Dept. 1931

Multicultural Center, Room 352 Dept 1951

Phone: 423-425-5648 Fax: 423-425-5649

Event Title: _____

Event Description:

Department Name/Organization: _____

Day(s) and Date(s) of Event: _____ Hours Requested (Start) _____ (End) _____

Rooms Requested (please circle): Women's Center Women's Center Conference Room

Multicultural Center Multicultural Center Conference Room

Number to Attend? _____ Campus Invited? _____ Public Invited? _____ Admission Charged? _____

Selling/Registering/Fundraising/Soliciting? Yes _____ No _____

If yes, describe: _____

Contact: _____ Phone: _____

Address or UTC Dept No.: _____ Email: _____

Requested University Services

**Any expenses for this event incurred by the University Center or other University Departments will be charged to the department/organization/sponsor.*

**Do not advertise this event until you have received a printed confirmation.*

Food and/or Beverages served? Food _____ Beverages _____

(Sponsor must arrange all food and/or beverages through Aramark Food Services 425-4471 and clean up after event.)

UTC Facilities Planning Services requested? _____

(Sponsor is responsible for contacting Facilities Planning Services 5 days in advance 425-2254)

Technical Services Requested: _____

(Sponsor responsible for contacting Media Resources 425-4197)

Sign _____ Date _____

I have read and understand this agreement and I am aware of the Facilities Use Terms and Conditions listed above.

For Office Use Only

Approved _____ Not Approved _____ Date _____

Comments: _____