



**Application for Use of Facilities**  
 THE UNIVERSITY OF TENNESSEE AT CHATTANOOGA  
**University Center**  
 Room 226, Dept. 1501  
 Phone: 423-425-4455 Fax: 423-425-2243  
 www.utc.edu/uc



**Event Title:** \_\_\_\_\_

**Sponsoring Group/Department:** \_\_\_\_\_

Student Organizations: Please use your organization name as it appears in Orgsync

**Responsible Contact:** \_\_\_\_\_ *(The responsible contact must be present at the event.)*

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Street Address or UTC Dept.:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**City/State/Zip or Responsible University Account:** \_\_\_\_\_

**Please Provide A Description of Your Event**

\_\_\_\_\_  
 \_\_\_\_\_

*Prior to completing this section, please visit [utc.edu/university-center/rooms.php](http://utc.edu/university-center/rooms.php) for room descriptions and pictures to ensure your requested room will meet your meeting needs. Recurring meetings can be listed on the same request. Please include all dates and times. You can attach a separate page to this application if needed.*

**Room(s)/Location Requested:** \_\_\_\_\_

**Day(s) and Date(s) of Event:** \_\_\_\_\_

**Hours Requested:** Start \_\_\_\_\_ AM/PM End \_\_\_\_\_ AM/PM

**Actual Event Hours:** Start \_\_\_\_\_ AM/PM End \_\_\_\_\_ AM/PM

**What is your estimated attendance?** \_\_\_\_\_

**Guests Include:** UTC Campus Community  General Public  Specific Invited Public Guests

**Who is your target audience?** UTC Campus Community Members  Non-UTC Community Members

**Will your event bring anyone under the age of 18 years old on campus?** No  Yes

**Will there be any ticket or merchandise sales for this event?** No  Yes

*If yes:* Ticket Sales At The Door  Tickets Pre-Sold With No On-Site Sales  On-Site Merchandise Sales

*(If any money will be exchanged at your event you will be required to have UTC Police present.)*

*Security arrangements can be made by calling 423-425-4074. Additional fees may apply.)*

**Please Check All Applicable Classifications**

Meeting  Conference/Workshop  Entertainment  Fundraising  Solicitation

For-Profit Use  Non-Profit Use  Co-Sponsored  \_\_\_\_\_

Speaker/Lecture  Lecturer & Title \_\_\_\_\_

Other  \_\_\_\_\_

**Office Use Only**

Date Received

Reservation Number

Confirmation Sent

**Application for Use of Facilities**  
UTC University Center

**Requested University Services**

Any incurred expenses are the responsibility of the requesting group or contact.

**Food and/or Beverages Served?** No  Yes

*If yes, what type of food service?:* Refreshments  Boxed Lunch  Buffet  Plated Meal

Groups must contact UTC Dining at 423-425-4200 for all food & beverages needs.

Some UC rooms are not suitable for meals. Please contact the UC Office for specifics.

**Audio/Visual Needs Requested?** No  Yes

*If yes, what technology is needed?:* Computer, Screen, & Projector  Microphone(s)  How Many? \_\_\_\_\_

Groups must contact the UC Office at 423-425-4455 for technology assistance. Additional fees may apply.

**For Tennessee & Chattanooga Rooms, what type of set-up?** Auditorium  Banquet  Classroom

Reception  Fair/Expo  Empty Room  Other \_\_\_\_\_

Groups must contact the UC Office at 423-425-4455 regarding specific set-up details at least one week prior to the event.

**Facilities Use Terms and Conditions**

Non-University related requests must be received no less than 4 weeks prior to the event. University related events require 72 hours prior notice.

**Safety and Risk Management Statement**

In consideration for the permission of the University of Tennessee at Chattanooga to allow use of premises, the undersigned agrees to assume all responsibility and legal liability arising out and in the use of the aforementioned property. The undersigned further agrees to indemnify, save and hold harmless the University of Tennessee at Chattanooga and its employees from any liability arising out of the use of this property. Further, the undersigned agrees to abide by all rules, standards or reasonable requests made by the University of Tennessee at Chattanooga relating to the use of these facilities and to adhere to all safety/fire code/minors on campus requirements as set forth by the University and to instruct participants to adhere to the same.

Depending on the type of liability exposure, I understand that I may be asked to provide proof of current liability insurance and a certificate of insurance evidencing the University of Tennessee at Chattanooga as listed additional insured.

**Equal Opportunity Statement**

The University of Tennessee at Chattanooga is an equal employment opportunity/affirmative action/Title VI/Title IX/Section 504/ADA/ADEA institution.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**I have read and understand this agreement, and I am aware of the Facilities Use Terms and Conditions above. I acknowledge that all listed information is accurate, and I will let the appropriate department know if anything changes before this event. I understand that failure to meet any conditions of this agreement shall result in a cancellation at any time. I understand that this form is an application, and this event should not be promoted until confirmation is received. I will also be responsible for any billing for services incurred.**

***Office Use Only***

Aramark \_\_\_\_\_ Student Development \_\_\_\_\_

Security Required? No  Yes  Confirmed Date \_\_\_\_\_

Insurance Required? No  Yes  Confirmed Date \_\_\_\_\_

Minors on Campus Documentation No  Yes  Confirmed Date \_\_\_\_\_

Safety & Risk Management Comments \_\_\_\_\_

Comments \_\_\_\_\_

**Date Received**

**Reservation Number**

**Confirmation Sent**

Rental/Facility Fee:	_____
Technology Fee:	_____
Custodial Fee:	_____
Staffing Fee:	_____
<b>TOTAL UC FEES:</b>	_____

<b>Facilities Use Committee</b>	
Referral	_____
Approval	_____