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 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 __________________________

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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.

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 ____________________________

Date Received ______________________ Reservation Number ______________________ Confirmation Sent ______________

Rental/Facility Fee: ______________________ Technology Fee: ______________________

Custodial Fee: ______________________ Staffing Fee: ______________________

TOTAL UC FEES: ______________________

Facilities Use Committee

Referral ______________________ Approval ______________________

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