



MEMORANDUM TO: Off-Campus Groups

FROM: Linda S. Thomas
Administrative Assistant 3

Request forms for use of LSU Eunice facilities and premises should be submitted to the Chancellor's Office at least two (2) weeks in advance of the scheduled event.

A certificate of liability insurance indicating the amount of insurance coverage should accompany the completed form. The amount of insurance coverage required is as follows:

Non-athletic events --	\$ 300,000
Athletic events -----	\$ 1,000,000

The form cannot be **approved** or **processed** until the **Certificate of Insurance** has been received. We advise you not to publicize any information about holding an event at LSU Eunice until you have received your approved copy from us. To indicate our approval, a copy of the signed form will be mailed to you.

Request for Use of LSU Eunice Facilities and Premises

P. O. Box 1129 • Eunice, LA 70535

Phone: (337) 550-1201 • Fax: (337) 546-6620

*Requests should be submitted at least two weeks in advance.

Organization Sponsoring Event: _____

Name of Event: _____

Date(s): _____ Exact time of event: from _____ to _____

Additional Times Needed (rehearsal, setup, etc.): _____ Arrival time: _____

Contact Person: _____ Email: _____

Address: _____
Street City State Zip

Phone Number: _____ Fax Number: _____

Person to Invoice: _____ Email: _____
If different from above

Address: _____
Street City State Zip

Phone Number: _____ Fax Number: _____

Type of Room: Gym Conference room Classroom Computer Lab Science Auditorium
 Pool Conference center Video Conference North or South Commons Health Tech Auditorium

If you have a specific room(s), please indicate the room(s) _____

What is the anticipated attendance? _____ Is activity open to the general public? _____

Will an admission be charged? _____ If yes, how much per person? _____

Is any special equipment (sound system, projector, etc.) or set up (platform, table/chair arrangements) required?
_____ If yes, please indicate type. (You may attach a diagram) _____

Are visitor parking permits needed? _____ If yes, how many? _____

Is catering requested? _____ If yes, fill out attached form for ABL.

Who will pay for catering costs? (For LSUE activity, give department name, account number, & object code)

Regulations governing the use of LSU Eunice facilities:

1. Off campus users will be required to reimburse the University for the cost of utilities, catering, janitorial, and security services, lifeguard pay, and any other direct costs.
2. The user(s) of University facilities or premises will not hold the University or any of its employees responsible for any accidents, bodily injury, or damage occurring in the preparation of, during, or after the use of facilities. Off-campus groups must submit proof of adequate liability insurance (\$300,000 for non-athletic events or \$1,000,000 for athletic events). LSU Eunice reserves the right to increase limits.
3. Facilities/premises must be left in the same condition as previously existed, and the user(s) must accept responsibility for any damages occurring during the use of University property.
4. LSU Eunice reserves the right to refuse any request for use of its facilities/premises.

Signature of Individual Requesting Use of Facility _____

Vice Chancellor for Student Affairs (for student groups only)

Vice Chancellor for Business Affairs

Chancellor's Office (for reservation of facilities)

Cost for use of this facility will be _____

Cc: Business Affairs/ Physical Plant
Student Affairs/ Academic Affairs

Rev. July 2009

(Off-campus groups must complete this form)

LSU EUNICE AFFIRMATIVE ACTION/EQUAL OPPORTUNITY POLICY

Louisiana State University Eunice adheres to the principle of equal education, employment and promotion opportunity without regard to race, creed, color, national origin, sex, age, handicap, or veteran's status. The University is dedicated to the philosophy of providing opportunity for full participation and representation in all segments of its operation to every individual who possesses the required training and experience.

The University will provide equal opportunity for all qualified and qualifiable persons, and will promote the realization of equal opportunity through positive, continuing training programs in all applicable departments.

_____ recognizes the LSU Eunice commitment to affirmative action/equal opportunity. Further, it recognizes that LSU Eunice is a state-operated institution.

_____ does not discriminate in its membership, employment, activities, or in any other facets of its operation of the basis of race, creed, color, national origin, sex, age, handicap, or veteran's status.

Officer's Signature/Title

Date

Witness

Date

ABL MANAGEMENT CAMPUS SERVICES

PHONE: 550-1280 FAX: 550-1484

JOYCELYN MILLER - DIRECTOR

E-MAIL: jmiller@lsue.edu

ORGANIZATION NAME: _____
CONTACT PERSON: _____
Business Manager: _____
Address: _____
E-MAIL: _____
PHONE: _____
FAX PHONE: _____

CONTRACT#: _____

DATE OF EVENT: _____

BUILDING: _____

ROOM: _____

GUEST COUNT: _____

TIMES

SET-UP: _____

SERVICE: _____

EVENT BEGINS: _____

EVENT ENDS: _____

MENU

QUANTITY	ITEM	Price per Item	TOTAL
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -

Plates ___ paper ___ plastic ___ china ___ ceramic

Glasses ___ paper ___ plastic ___ glass

Utensils ___ silver ___ plastic

Linens ___ paper ___ cloth

Drinks ___ water ___ tea ___ soda ___ coffee

*Unless noted plastic will be used

*Tablecloths will be placed on food table only unless requested

SET-UP NOTES:

Please sign contract only when satisfied with the finalization

Outside organizations must present checks within 30 days after the scheduled event has occurred.

Please review methods of payment for correct billing procedures, and fax to 225-555-5208 within 24 hours of receipt of this contract. Guest counts must be guaranteed 72 hours in advance. Any changes made after the receipt of this contract may be subject to additional charges. Left over food items are the property of the purchaser. A replacement fee may be applied to all rentals for at the conclusion of the event. Cancellation less than 72 hours of the event may result in a 10% surcharge of the contract.

INVOICE SUBTOTAL	\$ -
FLORAL	\$ -
ATTENDANT FEE	\$ -
LINEN FEE	\$ -
CHANGE FEE	\$ -
CHINA FEE	\$ -
AFTER HOURS	\$ -
TAX	\$ -
TOTAL AMOUNT	
DUE	\$ -

ALL INVOICES MUST BE PAID IN 30 DAYS!

CLIENT SIGNATURE: _____

DATE: _____

9/20/2006