MORRIS DAILEY AUDITORIUM
Student Union, Inc. of San Jose State University

Reservation Form for Non-Academic Events

Organization: ___________________________ Today’s Date: ____________
Advisor: ___________________________ Phone: ___________________________
(Must be present during entire use of Morris Dailey Auditorium)
Primary Contact: ___________________________ Phone: ___________________________
(If different from advisor)
Address: ___________________________ City, State, Zip: ___________________________

EVENT DETAILS:
Event Title: ___________________________ Event Date(s): ___________________________

Please provide a brief description of the event: ___________________________

Estimated Attendance: _______ Admission Fee: $ _______ Monetary Transactions: Yes  No
Technical Services: Yes  No  If yes, please list provider: ___________________________
Food/Drink: Yes  No  If yes, please list provider: ___________________________

Reminder: NO FOOD OR BEVERAGES ARE ALLOWED IN THE AUDITORIUM

Client agrees to indemnify, defend and hold harmless the Student Union, Inc. of San Jose State University, San Jose State University, the Trustees of the California, their officers, agents and employees from any and all liability, claim, loss, cost or obligations on account of or arising out of injury, death or damage to persons or to property from whatever cause where such injury, death or damage is connected with the event, use or services scheduled.

By signing below, I understand that I must contact the Technical Services Coordinator at (408)924-6365 to coordinate the operations of the facility. Failure to do so at least 21 DAYS prior to the event, will lead to a cancellation of the event. I also understand that by law, at least ONE authorized representative of Student Union, Inc. must be present for every 250 people within the facility (including members of the organization, guests, patrons and volunteers) for crowd management.

I, on behalf of, and as an authorized agent of the above named organization, agree to abide the policies of San Jose State University and the Student Union, Inc. regarding the use of facilities. I have read and understand all policies regarding fees, cancellations and no shows.

Advisor Signature ___________________________ Date ____________

THE SECTION BELOW IS TO BE FILLED BY ADMINISTRATION ONLY

Student Union Event Services Signature ___________________________ Date ____________
President’s Office Signature ___________________________ Date ____________
Approved / Denied ___________________________ Additional Requirements: ___________________________

Copies to: Event Services, Technical Services, UPD, Requestor
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