

# Facilities Request Form

Facility/Area Requested \_\_\_\_\_  
 Event Date(s) \_\_\_\_\_ Day(s) of the Week S M T W TH F S Attendance \_\_\_\_\_  
 Organization \_\_\_\_\_ Event Name \_\_\_\_\_  
 Request for Day-Prior Access\* Yes \_\_\_\_\_ No \_\_\_\_\_ Doors Open \_\_\_\_\_:\_\_\_\_\_ AM/PM  
 Event Start \_\_\_\_\_:\_\_\_\_\_ AM/PM Event End \_\_\_\_\_:\_\_\_\_\_ AM/PM  
 Pre-Access \_\_\_\_\_:\_\_\_\_\_ AM/PM Post-Access \_\_\_\_\_:\_\_\_\_\_ AM/PM  
 \*Request for day-prior access may be denied based on the availability of the room, and it is limited to maximum of 30 days.

Person in Charge \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Billing Address/Student Life Box # \_\_\_\_\_ Email Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Event Type: \_\_\_\_\_ Conference \_\_\_\_\_ Meeting \_\_\_\_\_ Reception \_\_\_\_\_ Other \_\_\_\_\_  
 Room setups are AS IS unless arrangements are made with the Event Supervisor. Fees will be charged for custom setups. Room Setups include the following:  
 Theater Style: Rows of chairs with one seminar table and 2 chairs in the front of the room  
 Banquet Style: Round tables with 8 people each  
 Classroom Style: Rows of tables and chairs

**Student Union Ballroom and Theater reservations are tentative until meeting with the Event Services Manager. Call (408) 924-6300 to schedule an appointment at least 30 days in advance. Cancellations must be made thirty (30) days prior to the event date, or a cancellation fee of up to \$200 will be charged.** Payment in full is required thirty (30) days prior to the event date for off-campus organizations, unless otherwise specified by the Event Services Manager.  
 Initials: \_\_\_\_\_

**On-Campus Rental Rates**  
 SJSU Student Organizations will be eligible for student rates only if the event is organized and/or created by the student organization, and the main contact/event coordinator is an active officer of the organization. SJSU Departments will be eligible for department rates only if the event is organized and/or created by a staff/faculty member of the department, and the main contact/event coordinator is a current staff/faculty member of the department. Co-sponsorships are not permitted. SJSU Student Organizations and/or departments found attempting to do a co-sponsorship will be subject to the loss of scheduling privileges for the remainder of the current academic semester, as well as the cancellation of the event.  
 Initials: \_\_\_\_\_

**Audio Visual Services**  We will not need any A/V services  We would like the following items:  
 \_\_\_\_\_ LCD Projector \_\_\_\_\_ Podium w/ Microphone \_\_\_\_\_ Other A/V Needs : \_\_\_\_\_  
 The Student Union has a full-service A/V department and will work to meet all A/V needs. All events with live music or DJs must be approved by the Event Services Supervisor. **A/V equipment from outside sources such as personal equipment is prohibited in the Student Union, unless approved by the Event Services Supervisor.**

**Food Services**  We will not be having food  We will be having food  
**All food must be approved by the Event Services Office.** Food and Beverage approval forms may be obtained in the Event Services Office. **Unauthorized food may be confiscated.** For an up-to-date list of your catering options, please refer to the SJSU approved caterer list: [www.sjsu.edu/pass/policies/catering/index/html](http://www.sjsu.edu/pass/policies/catering/index/html)

Client agrees to indemnify, defend, and hold harmless the Student Union, Inc. of San José State University, San José State University, the Trustees of California State University and the State of California, their officers, agents and employees from any and all liability, claim, loss, cost or obligation on account of or arising out of any 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.

**I, on behalf of, and as an authorized agent of the above named organization, agree to abide by the policies of San José 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.**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

FOR OFFICE USE ONLY – THIS IS NOT AN INVOICE	
808-440 Setup Fees	\$ _____
834-440 Facility Rental	\$ _____
	Total \$ _____