ILLINOIS

REGISTERED ORGANIZATION REQUEST FORM

FOR EVENT APPROVAL AND USE OF UNIVERSITY PREMISES & FACILITIES

Organization Name: _____ Date Filed: _____

List any other event partners: _____

Title of Event: _____

Event Details: _____

Please list alternative dates or locations in case your first choice is not available.

Date(s)	Hours From	Hours To	Estimated # of Attendees	# of Seats Needed	Need IT Equip? Y/N	Requested Space(s)	Space Assigned **For Office Use Only**
Total number of rooms requested:			The Facility Request is confirmed via email from the appropriate facility.				

☐ Y ☐ N 1. Is your primary audience for this event/activity persons who are non-UIUC students under the age of 18?

☐ Y ☐ N 2. Will there be an admission charge, entry fee, sale of items or money generated in relation to this event?
Organizations are required to deposit any such funds into their Organization Fund Account. Please complete the Event Budget Form and attach to this request

☐ Y ☐ N 3. Is this event a fund-raiser for Charity? If yes, name of Charity? _____

☐ Y ☐ N 4. Will there be a non-UIUC affiliated speaker/performer? If yes, provide name: _____

☐ Y ☐ N 5. Will there be any non-UIUC individuals attending or invited to this event? If yes, what is the estimated percentage? _____

☐ Y ☐ N 6. Do you plan to serve or distribute food/drink? If yes, describe type of food and who will serve: _____

☐ Y ☐ N 7. Do you need special set-up? *(Alterations of facilities, need for equipment or services such as tables, audio-visual/multi-media, microphones, etc.)*

If yes, please describe set-up needs and draw/ attach a diagram if applicable: _____

Org Fund Acct: _____ *An account number must be provided if charges will be incurred for the space reservation.*

The sponsoring group is responsible for adhering to all University policies, federal and state laws, and city ordinances. The facility has a right to assess fees for any damages.

Signature of Authorized Agent: _____ UIN: _____

Event Contact Person: _____ Illinois Email: _____

Contact Phone: _____

Print Form

Do Not Write Below This Line (For Office Use Only)

Reservation ID: _____

RO Office Approval: _____ Date: _____

Facility Approval: _____ Date: _____

Modified 3/14/2014