



 **AUGUSTA UNIVERSITY**
Use of Facilities Form

NAME OF ORGANIZATION OR DEPARTMENT:

RESPONSIBLE/REQUESTING INDIVIDUAL:

Name: _____

Address: _____

Phone Number/Ext: _____

DATE/TIME OF EVENT: _____

NUMBER OF PARTICIPANTS: _____

TYPE OF FACILITY REQUIRED (if specific building or room required, please indicate)

PURPOSE FOR USE OF FACILITIES/NAME OF EVENT:

APPROVED: _____ DATE _____

Gretchen B. Caughman, PhD
Executive Vice President for Academic Affairs and Provost

SEE ATTACHED CHECKLIST

CHECKLIST

Have you notified?

- Environmental Services Yes No
- Classroom Services (if required) Yes No
- Security (Public Safety) Yes No

Reserved Parking Required? Yes No
(If yes, contact Public Safety)

Will alcoholic beverages be served? Yes No
(If yes, please notify Public Safety)

Is this a fundraising event? Yes No
If yes, please contact Advancement & Community Relations, ext. 1-4003.

Please return completed form to the Office of the Provost
Summerville Campus
Boykin Wright Hall
Room 201