

Campus Administration Contact Numbers: Henderson: 651-3010, Cheyenne: 651-4002, Charleston: 651-5637.

- Please attach a list of set up needs (tables, chairs, etc.) or a diagram. Campus Administration will process I-Service Work Request.
- Use <u>one</u> form for each room/event requested. For exceptions, please contact the Campus Administration Office
- User will be responsible for damage. Deposit may be required.
- Will alcohol be served? Yes □ No □ *requires special permission of the President*.
- All fees must be received **prior** to the event.

Note: Room Fees and Use charges pertain to External and Co-Sponsored Events only.

Name of Campus Organizer/Sponsor:							
Applicant Name:			Telephone:				
Address:							
Street				City	State	1	
Email:				Fax number:			
Supervision to be provided by applicant during event:				Telephone:			
Purpose of event (<u>RE</u>	<u>QUIRED</u> -pleas	e be specific): _	Person's name				
J I	□Internal	Sponsored		Co-Sponsored	□Hosted		
Room Number/Type	:						
	e:						
Date(s):	Day(s) of Week:			Hours: From To			
Size (number of attend Room Fees pertain to Special Equipment F) External Eve	nts only. Plea	se contact Can	-		room rates.	
Proof of Insurance: Certifithis application. Applicant/I agencies are exempt from this Board of Regents Policy activity of NSHE or of NSHI campus. NSHE functions take Cleaning charge: If the roof facility can be rented again. External renters must contain	Person in Charge ag s insurance requirer states: NSHE facili E groups, and no ef e precedence over a om is left dirty, or r	grees to comply with ment. ties may not be used fforts at coercion and ny other activities in requires more than g	a all conditions as no d for the purpose of d solicitation by unir the use of NSHE fac eneral cleanup, then	ted above, and on the reve raising monies to aid pro wited non-campus groups ilities. an appropriate cleaning fe	erse side of this pag ojects not related to s or individuals will ee will be due and p	e. Governmental some authorized be permitted on ayable before the	
				Date:			
Approvals: Campus Administrator/M President/Vice President	lanager			Date: Date:			
*****	******	*****	*******	****	*******	*	
Room assignment:		For CSN Facility	<i>Campus Use Only</i> Scheduler:	Da	ite:		