

**APPLICATION FOR USE OF FACILITY**  
**THE UNIVERSITY OF NORTH CAROLINA AT PEMBROKE**  
(FOR UNCP SANCTIONED ORGANIZATIONS ONLY)

Organization making application \_\_\_\_\_

Person responsible \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Facility/Grounds Desired \_\_\_\_\_

Purpose of Use/ Type of Program \_\_\_\_\_

Date and Time of Program \_\_\_\_\_

**(The building will be available only at the specific date and time listed)**

Will admission be charged?  Yes  No If yes, how much? Students \_\_\_\_\_ Adults \_\_\_\_\_

Specific time building is to be unlocked \_\_\_\_\_ locked \_\_\_\_\_

Date and Time of Rehearsals \_\_\_/\_\_\_/\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

MATERIALS/EQUIPMENT REQUESTED (please specify number):

Table \_\_\_\_\_ TV/VCR \_\_\_\_\_ Podium \_\_\_\_\_ Screen \_\_\_\_\_

Chair \_\_\_\_\_ Stage \_\_\_\_\_ Piano \_\_\_\_\_ Easel \_\_\_\_\_

Tent \_\_\_\_\_ Microphone \_\_\_\_\_ Electrical Outlet \_\_\_\_\_

Sound System \_\_\_\_\_ Speakers \_\_\_\_\_ OTHER \_\_\_\_\_

COMMENTS: Additional material/equipment requests and information (must be listed on this form when submitted; cannot be added at a later date)

**NOTE: Alcoholic beverages are prohibited from all student functions unless otherwise stipulated. Organizations in violation of this policy will lose the privilege to reserve facilities on campus and will also be subject to other disciplinary sanctions.**

Signed \_\_\_\_\_ Date \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_  
Applicant Administrator in charge of Facility

Signed \_\_\_\_\_ Date \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_  
Organization Advisor (As recorded in Student Life Office) Vice Chancellor for Student Affairs

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Director of Student Life

Copies to: Physical Plant, Campus Police, Information Booth, Academic Affairs, Switchboard, Chancellor's Office, Applicant, and Facility Administrator

**APPLICATION MUST BE RECEIVED IN THE DIVISION OF STUDENT AFFAIRS (WITH ALL NEEDED SIGNATURES) AT LEAST FOUR WORKING DAYS PRIOR TO THE EVENT.**

**FILL OUT, SAVE AND E-MAIL THIS FORM  
AS AN ATTACHMENT TO YOUR ADVISOR.**

**OFFICE USE ONLY**