



Facility Use Internal Application for the JAMES B. CHAVIS UNIVERSITY CENTER/UC ANNEX

Revised 0509

Organization _____ Fax _____
 Applicant's Name _____ Telephone _____
 Local Address _____ E-mail _____
 Date(s) of Event _____ Will admission/registration be charged? Yes No
 Time Requested _____ to _____ Actual Time of Event _____ to _____

(Must be finished with the room by the time indicated; All events must adjourn by 11:45 p.m.)

LOCATION REQUESTED

- | | |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> UC Rooms
<input type="checkbox"/> 213 <input type="checkbox"/> 233 <input type="checkbox"/> 251 | <input type="checkbox"/> Annex Rooms
<input type="checkbox"/> 203 <input type="checkbox"/> 206 <input type="checkbox"/> 217 <input type="checkbox"/> 225 |
| <input type="checkbox"/> Mezzanine | <input type="checkbox"/> Mall |
| <input type="checkbox"/> Chancellor's Dining Room | <input type="checkbox"/> Faculty Lounge |
| <input type="checkbox"/> Annex Assembly Room | <input type="checkbox"/> Lounge (after 5pm) |

TYPE OF GROUP

- University Dept/Committee
 Off-Campus Group
 Fraternity/Sorority*
 Student Organization*

*If a student organization, printed name of a faculty/staff advisor: _____ His/her e-mail: _____

Purpose of Use/Type of Program: _____ Est. Attendance: _____







Is the Event: Private (for members of applicant organization only) Open to Campus Open to the Public

MATERIALS/EQUIPMENT REQUESTED (please specify number)

Table _____	Tripod _____	Podium _____	Speakers _____
Chair _____	Piano _____	Microphone _____	CD Player _____
LCD Projector _____	Electrical Outlet _____	Wireless Mic _____	Cassette Player _____
Screen _____	TV/VCR _____ DVD _____	Sound System _____	Other _____

Only the UC Director is authorized to submit work orders to Facilities Operations for setups.

SETUP STYLES – For Annex or Lounge only (please check one or attach a diagram)

- | | | | | | |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
|  |  |  |  |  |  |
| <input type="checkbox"/> Banquet Style
(6 or 8 chair table) | <input type="checkbox"/> Conference Style | <input type="checkbox"/> "T" Style | <input type="checkbox"/> "U" Style | <input type="checkbox"/> Seminar Style | <input type="checkbox"/> Theatre Style |

TECHNICAL/CATERING SERVICES

The UC will provide a student sound technician to assist with functions requiring A/V assistance. If you need network/internet/phone service, contact the DoIT Helpdesk at 521-6260. Contact Sodexo directly for catering services at 521-6360. All refreshments must be provided by Sodexo.

The facility use application is due prior to the event: **FOUR DAYS for mall requests and **SEVEN DAYS** for all other spaces.**

I have read and fully understand the UC Policies and Procedures reservations guidelines: www.uncp.edu/uc.
I am also aware that failure to comply with these guidelines may result in the loss of privilege to use the UC/UC Annex for 30 days.

Applicant _____ Date _____

Faculty/Staff Advisor _____ Date _____

(*Signature – Indicates date and time availability)

***The Faculty/Staff Advisor signature is required for student organization functions in the UC Lounge and UC Annex. This signature indicates attendance throughout the entire event to provide support to the student organization and to allow for an additional point of view in circumstances where issues need to be discussed. If the advisor is not present, the event will be cancelled. Please initial if you feel extra security is needed for this event.** _____

Approved _____ Date _____
University Center Director

Approved _____ Date _____
Vice Chancellor of Student Affairs

**CLICK SUBMIT TO SEND
THE APPLICATION VIA EMAIL.**

OFFICE USE ONLY

