

**APPLICATION FOR USE OF THE JAMES B. CHAVIS UNIVERSITY CENTER/UC ANNEX**

The University of North Carolina at Pembroke

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 pm)*

**LOCATION REQUESTED:**

UC Rooms 213, 233, 251 (*circle*)

Mezzanine

Chancellor's Dining Room

Annex Rooms 203, 206, 217, 225 (*circle*)

Annex Assembly Room

Mall

Faculty Lounge

Lounge (after 5pm)

**TYPE OF GROUP:**

University Dept/Committee

Off-Campus Group

Fraternity/Sorority\*

Student Organization\*

\*If a student organization, printed name of Faculty/Staff Advisor: \_\_\_\_\_

Purpose of Use/Type of Program: \_\_\_\_\_ Est. Attendance: \_\_\_\_\_

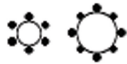
Is the Event:  Private (for members of applicant organization only)  Open to Campus  Open to the Public

**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)**



Banquet Style  
(✓ 6 or 8 chair table)



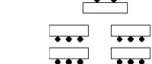
Conference Style



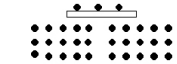
"T" Style



"U" Style



Seminar Style



Theatre Style

**TECHNICAL/CATERING SERVICES**

For technical services, including A/V assistance and sound technician, contact the Media Center at 521-6254. If you need network/internet/ phone service, contact the UCIS Helpdesk at 521-6260. Contact Sodexo directly for catering services at 910-521-6360. All refreshments must be provided by Sodexo.

***THE FACILITY USE APPLICATION IS DUE PRIOR TO THE EVENT:***

**FOUR DAYS FOR ON-CAMPUS GROUPS AND TWO WEEKS FOR OFF-CAMPUS GROUPS**

I have read and fully understand the UC Policies and Procedures reservations guidelines: [www.uncp.edu/uc](http://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)

Approved \_\_\_\_\_ Date \_\_\_\_\_

University Center Director

Approved \_\_\_\_\_ Date \_\_\_\_\_

Vice Chancellor for Student Affairs

**\*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. \_\_\_\_\_**

Revised 07/07/08