

**SOUTHEASTERN LOUISIANA UNIVERSITY  
FACILITY USE REQUEST  
BY THIRD PARTY GROUPS/ORGANIZATIONS**

**NOTE:** All information must be typed or printed. This form must be filed with the Dean of Continuing Education and Special Activities at least five weeks prior to the date of anticipated use of facilities.

**NAME OF THIRD PARTY GROUP/ORGANIZATION:** \_\_\_\_\_

**DATE OF ACTIVITY:** \_\_\_\_\_ **TIMES (Inclusive):** \_\_\_\_\_  
Mo. Da. Yr.

**FACILITY REQUESTED:** \_\_\_\_\_

**DESCRIPTION OF PLANNED ACTIVITY:** \_\_\_\_\_

**CHAIRMAN IN CHARGE OF THIRD PARTY GROUP/ORGANIZATION:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
STREET CITY STATE ZIP

**PHONE:** \_\_\_\_\_  
HOME OFFICE

**ANTICIPATED ATTENDANCE:** \_\_\_\_\_

Will any type of fee be collected from participants? Yes \_\_\_ No \_\_\_  
If Yes, what is the registration fee? \$ \_\_\_\_\_

\*\*\*\*\*

**SERVICES REQUESTED:** Description (Quantity, Arrangements, etc.)

- 1. Chairs \_\_\_ Yes \_\_\_ No
- 2. Tables \_\_\_ Yes \_\_\_ No
- 3. Other (Specify)

**If these services or equipment are not requested on this form, they will not be provided.**

\*\*\*\*\*

I acknowledge that I have read the University policies regarding facility use by Third Party groups. I further agree to abide by such policies and accept responsibility for all fees in accordance with these policies. \_\_\_\_\_ assume(s) all  
(Third Party Group/Organization)

responsibility and agree(s) to hold Southeastern Louisiana University harmless from any liability which may result to any person or property as a result of the maintenance and operation of the premises, and from any other injury or damage to persons or property occurring on or about the properties through the fault of

\_\_\_\_\_  
(Third Party Group/Organization)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
THIRD PARTY GROUP/ORGANIZATION/TITLE