

Southeastern Louisiana University - Division of Extended Studies  
FACILITY USE REQUEST APPLICATION  
By Third Party Group/Organization

Thank you for your interest in renting Southeastern Louisiana University facilities. Completing and submitting this application is the first step in the rental process. Request must be submitted 30 days prior to the event. After your application has been reviewed, you will be contacted regarding the status of your rental request. If approved, additional information will be requested. Approval of event and date is not guaranteed until written confirmation is received.

**General Information**

Have you read the policies of Facility Use? \_\_\_\_\_ If not, proceed to [www.selu.edu/es](http://www.selu.edu/es) and click the link for Facility Use.

Please check the requested location: \_\_\_\_\_ Hammond \_\_\_\_\_ Mandeville \_\_\_\_\_ Walker

Name of Third Party Group: \_\_\_\_\_ Requester: \_\_\_\_\_

Event Description: \_\_\_\_\_

Is this event open to the general public? \_\_\_\_\_

Is it an educational event/workshop/course? \_\_\_\_\_ Is your event being held in conjunction with another organization/group? \_\_\_\_\_

If yes, please list organization. \_\_\_\_\_

Name of Chair responsible for activity: \_\_\_\_\_

Address of Chair: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_ Alternate Email Address: \_\_\_\_\_

**Dates | Times requested**

Day 1 requested: Date: \_\_\_\_\_ Set-up time: \_\_\_\_\_ End time: \_\_\_\_\_

Day 2 requested: Date: \_\_\_\_\_ Set-up time: \_\_\_\_\_ End time: \_\_\_\_\_

Day 3 requested: Date: \_\_\_\_\_ Set-up time: \_\_\_\_\_ End time: \_\_\_\_\_

**Type of Facility Requested** – *Please indicate # of each needed. Hammond (H), Walker (W), Mandeville (M)*

Auditorium: \_\_\_\_\_ (H,W) Classroom: \_\_\_\_\_ (H,W, M) Gymnasium: \_\_\_\_\_ (H) Courts: \_\_\_\_\_ (H)

Arena: \_\_\_\_\_ (H) Field: \_\_\_\_\_ (H) Other: \_\_\_\_\_

Special instructions: \_\_\_\_\_

Anticipated Attendance: \_\_\_\_\_

Will any type of fee be collected from participants? \_\_\_\_\_ If yes, what is the registration fee? \_\_\_\_\_

**Resources Needed**- *All fields required. Enter n/a if does not apply. Indicate # of chairs and tables needed.*

Tables needed: \_\_\_\_\_ Chairs needed: \_\_\_\_\_ Technology needed: \_\_\_\_\_ Other | Please specify:

Compressed Video: \_\_\_\_\_

Please specify any special arrangements/room set up: \_\_\_\_\_

**Food/Alcohol Arrangements**

Will food or alcohol be served at event? \_\_\_\_\_

*Please note that Southeastern Police may be required to monitor the event, in which case you will be contacted.*

Requester Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_