

# ANGELO STATE UNIVERSITY

## USE OF UNIVERSITY FACILITIES

### SPECIAL EVENTS REQUEST FORM

*NOTE: Form will not be processed unless ALL questions are answered.*

Organization(s) \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Event Name (Program/Activity) \_\_\_\_\_

Date of Event \_\_\_\_\_

Time of Event: Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Advance Party Arrival Time \_\_\_\_\_

Number of Participants \_\_\_\_\_

Is this event a fund raiser? \_\_\_\_\_ Is event sponsored by a grant or outside organization? \_\_\_\_\_

Do you plan to include alcohol at your event? \_\_\_\_\_

**NOTE: \* Alcohol service requires a special approval process.\*  
"There will be additional charges for security"**

**NOTICE:**

- \* Reservations are based on availability.
- \* Rates are based on room size, services, and equipment requested.

Room Requested \_\_\_\_\_ Additional Rooms \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

This is to confirm that the facility, date, and time listed above have been reserved in the name of the above-mentioned organization(s).

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DIRECTOR OF SPECIAL EVENTS FACILITIES/SERVICES

\$ \_\_\_\_\_  
ESTIMATED CHARGE

\_\_\_\_\_  
VICE PRESIDENT FOR ADVANCEMENT AND UNIVERSITY RELATIONS

**Return this form to Fax Number (325) 942-2229**

Mr. Greg Pecina  
Director of Special Events Facilities/Services  
ASU Station #11018  
San Angelo, TX 76909



**Itemized Charges**

Rental	\$ _____
Before/After Hours	\$ _____
Audio-Visual/Computer	\$ _____
Additional Equipment	\$ _____
Custodial	\$ _____
Utility Surcharge	\$ _____
Add Labor Required	\$ _____
Security	\$ _____

**TOTAL \$ \_\_\_\_\_**