

The University of Arizona Commercial and Campus Use Activity Request Form



Campus Use and Event Planning Office • Student Union Memorial Center • Room 348

Phone: (520) 626-2630 • Fax: (520) 621-2545 • Page 1 of 2

Date Received: _____

This request must be completed and approved by the Arizona Student Unions Mall Event Planning Office a minimum of TWO CALENDAR WEEKS PRIOR TO EVENT. Please type or print legibly.

Sponsoring Organization _____ Event Title _____

Contact Person(s) _____ Phone _____ Email _____

Local Address, City/State _____ Zip _____

Description of Event: List items to be sold, given away, displayed or available during event. Also list event particulars including publicity tour sponsors, vehicles, tents, tables, chairs and other related details. Attach a separate sheet if necessary.

Date(s) Requested _____ Time Requested (starting and ending) _____

(including setup and take down)

Area(s) requested (see map) _____

Space fees may apply based on the nature and complexity of the event. Please see mall coordinator for special event pricing.

WILL THE EVENT USE OR REQUIRE ANY OF THE FOLLOWING:

» Sound amplification?

☐ YES ☐ NO If yes, please describe.

Amplification is allowed only between noon - 1 p.m., Monday through Friday and 5 - 7 p.m. Monday through Thursday. (Weekend requests are considered separately).

» Equipment/Services? Facilities Management Grounds notification?

☐ YES ☐ NO If yes, contact 621-7332 two calendar weeks before the event to arrange service and payment. All transactions will be by check only.
This form does NOT order equipment. ALL REQUESTS FOR MALL ACTIVITY MUST HAVE A SIGNATURE FROM FACILITIES MANAGEMENT.
(There is a \$20 vendor fee payable to Facilities Management for cleanup.)

Facilities Mgmt. Grounds Department (621-7959, fax: 626-3003) _____ Date _____ Facilities Mgmt. Special Events, Millie La France (621-7332, fax: 626-2918) _____ Date _____

» Food/beverages?

☐ YES ☐ NO If yes, signature approval must be obtained from the Dining Services Director or his designee.

Dining Services Director, Arizona Student Unions, David Galbraith (SUMC, 621-5736, fax: 621-9771) _____ Date _____

» Alcohol?

☐ YES ☐ NO No alcohol may be served or sold on University property without written permissions, i.e., Permit to Serve Alcoholic Beverages on Campus, from the Event Planning office. For more information, go to www.union.arizona.edu/alcohol

Event Planning Office (SUMC, 621-1989, fax: 621-2545) _____ Date _____

» Vehicle access to the Mall?

☐ YES ☐ NO If yes, contact Parking and Transportation at 621-3710 five (5) business days prior to your event to arrange access.
If road closures or barricades are needed, please give three weeks lead time.

Carmen Delahanty (621-3710, fax: 621-7055) _____ Date _____

» University Trademarked Items?

☐ YES ☐ NO If yes, please obtain approval from the Director of Trademarks & Licensing at ICA.

Sean Chevreux (McKale 246E1, 621-3547, fax: 621-2656) _____ Date _____

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» **Will event require security from UAPD? (FOR UAPD USE ONLY) See www.uapd.arizona.edu/specialeventform.pdf for more info.**

[] YES [] NO Security may be required depending on proposed activity. If yes, Assistant Dean Kathy Adams Riester and UAPD Representative signatures required.

Kathy Adams Riester (621-0884, fax: 626-3515)

Date

UAPD Representative (626-6728, fax: 626-9460)

Date

» **Will the event involve commercial activity?**

[] yes [] no If yes, ATTACH COPIES of appropriate licenses, a privacy agreement and a list of promotional items. Approval must be granted two (2) calendar weeks in advance.

UA Bookstore Assoc. Dir., Debby Shively (621-7151, fax: 626-8098)

Date

Private Vendor Name _____ Private Vendor Contact Person _____

Phone _____ Fax _____ Address _____ Zip _____

License # OR Tax ID # OR Tax Exempt # (for Non-Profit Agencies) _____

Vendor fees: all non-credit card vendors are \$65/day; credit card vendors are \$150/day; walks/runs \$250. Max 5 events per vendor per semester. CONSUMER PROTECTION FLYERS MUST BE AVAILABLE ON TABLE DURING SCHEDULED EVENT.

Amount to be paid to confirm reservation \$ _____

» **Evidence of liability insurance coverage may be required depending on the proposed activity.**

Risk Management-Insurance Officer, Herb Wagner (220 W. 6 St., 621-7691, fax 621-3706)

Date

Will the event require use of temporary structures overnight on the Mall?

[] YES [] NO If yes, signature approval must be obtained from the Assistant Dean of Students. Will this structure be staked?
If so, please have sponsor contact Facilities Management to coordinate Blue Staking.

Asst. Dean, Kathy Adams Riester (621-0884, fax: 626-3515)

Date

Date(s) requested for overnight use:

(Include details on when it would be set up and taken down, i.e. time of day and date.)

Description of temporary structures:

(Include the size/dimensions, exact placement and type of structure(s). Use map to depict exact placement.) If Blue Staking is needed, please allow at least 3 business days.

Org./Co. setting up equipment _____ Contact Person _____ Phone _____

UA Sponsoring Dept./Recognized Student Organization

Non-UA Individuals or Organizations/Private Vendors

I/We, _____

Name of Faculty, Staff, Student(s) or Organization

I/We, _____

Name of Individual(s), Student(s), or Organization

agree to exercise due care in the use of the mall area and all other University property, to leave the premises in the same condition as prior to the event and to defend, indemnify and hold the University harmless in any action resulting from or related to my use of the mall. If permission to conduct an event is granted, it is understood that the signing individual and/or their organization, will take full responsibility for injury to any person or property caused by the organization or members thereof and will be financially responsible for both damages and expenses resulting therefrom. It is also understood that the signing individual and/or their organization assume all risks for any injury or loss to the property or members of the organization and that approval of the event does not imply any coverage by University insurance. Evidence of insurance, by issuance of a certificate of insurance naming the University as an additional named insured, for commercial general liability insurance in a single limit amount of \$1,000,000 or more as appropriate to the risk of the event as required by the Department of Risk Management must be provided. Risk Management may waive any informality or part of the above requirement in appropriate circumstances on application.

I agree to abide by the rules as set out in the Campus Use Policy. Failure to comply may result in termination of my event and may prevent future mall use.

Signature of President/Treasurer/Dept. Contact

Date

President/Treasurer/Dept. Contact Name/Organization/Phone

Signature of Sponsoring Student Organization Advisor

Date

Student Organization Advisor Name/Title/Phone

Signature of Private Vendor

Date

Name of Private Vendor/Title/Phone

COMMENTS/CONDITIONS

Event Request: [] Approved [] Disapproved By: _____

Mall Coordinator, Mall Scheduling

Date

Reason: _____

check list [] copies to Risk Management/Facilities Management/Special Events & Ground's/Parking & Transportation/Bookstore/Requestor)