

The University of Arizona Commercial & Campus Use Activity Request Form

Campus Use and Event Services Office • Student Union Memorial Center • Room 290A-1 Phone: (520) 626-2630 • Fax: (520) 626-8969 • Page 1 of 3

Date Received:

-			empleted and approved by the Arizona Student Uni OR TO EVENT. Please type or print legibly.	ons mail Event rianning Office a minimum of
ponsoring	g Organiza	ation	Event Title	
Contact Pe	rson(s)		Phone	Email
ocal Addr	ess, City/S	State		Zip
-			ns to be sold, given away, displayed or available during event. A ils. Attach a separate sheet if necessary.	lso list event particulars including vehicles, tents, tables,
Please list :	all busine	ss/corpo	rate sponsors for this event.	
Date(s) Red	quested _		Time Requested (starting and ending)	(including setup and take down)
Area(s) rec	quested (s	ee map)		Expected Attendance
WILL TH	E EVENT	USE O	R REQUIRE ANY OF THE FOLLOWING:	
Sound	d amplific ES [cation?] NO	If yes, please describe.	
Amplif	ication is all	lowed only	between noon - 1 p.m., Monday through Friday and 5 - 7 p.m. Monday thro	ough Thursday. (Weekend requests are considered separately).
» Equip	oment/Se	rvices?	Facilities Management Grounds notification?	
[]Y	ES [] NO	If yes, contact 621-1299 ten (10) business days before the event to arrang THIS FORM DOES NOT ORDER EQUIPMENT. ALL REQUESTS FOR MALL	
Facilitie	es Mgmt. Sp	ecial Even	ts, Kathy Hart (621-1299, fax: 626-2918, hartk@email.arizona.edu)	Date
Food	/beverage	es?		
[]Y	ES [] NO	If yes, signature approval must be obtained from the Director of Catering serving food and/or beverages on campus grounds must adhere to Pima The University of Arizona has contracts that could restrict the distributio description of your event and list all items to be sold, given away or avail	County Health Department requirements for temporary food facilities. n of certain food types, beverages or certain brand. Please provide a ful
Directo	or of Caterin	g, Universi	ty of Arizona (SUMC 621-1989, fax: 621-2425 fax, jonl@email.arizona.edu)	Date
Alcoh	ol?			
[]Y	ES [] NO	No alcohol may be served or sold on University property without writter from the Event Planning office. For more information, go to www.union.a	• • • • • • • • • • • • • • • • • • • •
			621,1080 fav. 621,2545)	Data

The University of Arizona Commercial & Campus Use Activity Request Form

Campus Use and Event Services Office • Student Union Memorial Center • Room 290A-1 Phone: (520) 626-2630 • Fax: (520) 626-8969 • Page 2 of 3

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. Barricades & Routes, Elisa Tapia (621-3300) Mike Wallace (621-3710, fax: 621-7055) Special Events Parking Date **Any Campus Road Closures?** Contact Parking and Transportation at 621-3300 three (3) weeks prior to event. THIS FORM DOES NOT APPROVE ROAD CLOSURE. ALL ROAD CLOSURES MUST HAVE BARRICADE PLAN AND SIGNATURE FROM DIRECTOR OR ASSIGNED REPRESENTATIVE OF PARKING AND TRANSPORTATION. Elisa Tapia, 621-3300 Fax 621-9898 Road Closure, Barricade Plans and Walk/Run/Bike Routes Date **University Trademarked Items?** []YES [] NO If yes, please obtain approval from the Director of Trademarks & Licensing at ICA. Alixe Holcomb (McKale 246E1, 626-3077, fax: 621-2656) Security may be required depending on proposed activity. Contact UAPD to determine if needed. Both Associate Dean Kathy Adams-Riester and UAPD Representative signatures are required. Kathy Adams Riester (621-0884, fax: 621-9866) Date UAPD Representative (626-6728, fax: 626-9460) Date Will the event involve commercial activity? 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 BookStores Director, Debby Shively (621-2426, fax: 621-8098) Date Private Vendor Contact Person Private Vendor Name____ Phone ______ Fax _____ Address _____ _Zip __ License # OR Tax ID # OR Tax Exempt # (for Non-Profit Agencies) ____ Vendor fees: start at \$100/day; walks/runs \$500. Max 5 event days per vendor per semester. Corporate fees are determined individually. Amount to be paid to confirm reservation \$ Evidence of liability insurance coverage may be required depending on the proposed activity. Proof of Insurance must be provided ten (10) business days prior to event or event will be cancelled. 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. Associate Dean, Kathy Adams Riester (621-0884, fax: 621-9866) 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 5 business days. Contact Person ___ Org./Co. setting up equipment _ Phone

The University of Arizona Commercial & Campus Use Activity Request Form

Campus Use and Event Services Office • Student Union Memorial Center • Room 290A-1
Phone: (520) 626-2630 • Fax: (520) 626-8969 • Page 3 of 3

UA Sponsoring Dept./ Recognized Student Organization	Non-UA Inc	dividuals or Organizations/Private vendors
I/We,	I/We,	
	mall. If permissic aused by the orga nd/or their organ sity insurance. Evi insured, for comn	on to conduct an event is granted, it is understood that the signing individual and/or inization or members thereof and will be financially responsible for both damages ization assume all risks for any injury or loss to the property or members of the
gree to abide by the rules as set out in the Campus Use Policy. Failur Signature of President/Treasurer/Dept. Contact	Date	nay result in termination of my event and may prevent future mall u
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	Ву:	heryl Plummer, Mall Coordinator Date
Reason:		

The Arizona Student Unions reserve the right to reassign mall space to serve the greatest number of programs and services. Every attempt will be made to notify the group of a venue change promptly via email, phone or fax.

Since the University facilities are primarily intended to support the campus community, priority booking has been extended to on-campus entities. Therefore, off-campus groups will be given the opportunity to book space after student groups and campus departments. In cases where multiple groups have requested the same date, determination will be made based on those groups that best reflect the scope and mission of the University of Arizona and directly benefit the University community. These determinations will be made by the UA Campus Use Committee.

Mall requests cannot be submitted more than one (1) year in advance.