

# APPLICATION FOR USE OF UC DAVIS FACILITIES AND/OR SERVICES



Conference & Event Services Office  
\_\_\_\_ Rep

## Instructions:

Both pages of this form must be fully completed, signed by the applicant and returned to the Conference & Event Services Office, One Shields Avenue, University of California, Davis, CA 95616-8766. No facility reservation will be made prior to submission and approval of the application.

If approved, the application will be signed for the University and a copy returned to the applicant along with a cost estimate and appropriate agreements for the use of University facilities and services. Events are not considered approved until sponsor receives a copy of the fully executed Agreement for Use of Facilities/Services – UC Davis. Upon approval, a certificate of insurance naming UC Regents as additionally insured will be required for your event.

## EVENT INFORMATION

NOTE: Publicity for any event held at the University requires prior approval before advertising can begin.

1. Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_
2. Purpose of Event: \_\_\_\_\_
3. Who will be at the event? \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_
4. Is the event open to the public? ☐ Yes ☐ No
5. Will the event be publicized? ☐ Yes ☐ No If yes, describe how: \_\_\_\_\_
6. List key speakers by name and title. Indicate if any are University personnel.  
\_\_\_\_\_  
\_\_\_\_\_

Will speakers be paid? ☐ Yes ☐ No If yes, by whom: \_\_\_\_\_

7. Will class credit be offered? ☐ Yes ☐ No If yes, by whom: \_\_\_\_\_
8. Has your organization used campus facilities before? ☐ Yes ☐ No If yes, when and for what purpose? \_\_\_\_\_  
If no, how did you hear about our facilities? \_\_\_\_\_

## ORGANIZATION INFORMATION

1. Name of organization: \_\_\_\_\_
2. General purpose of organization: \_\_\_\_\_
3. Principal Officer: \_\_\_\_\_

Name & Title	Phone Number	Fax Number
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Email	Address	City	State	Zip Code
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Event Coordinator: \_\_\_\_\_

Name & Title	Phone Number	Fax Number
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Email	Address	City	State	Zip Code
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UCD Representative (if any): \_\_\_\_\_

Name	Campus Address	Fax Number
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Email	Phone Number	Fax Number
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University charges will be billed to: \_\_\_\_\_

Name	Phone Number	Fax Number
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Email	Address	City	State	Zip Code
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4. Has your organization been granted California State income tax-exemption status?

☐ Yes ☐ No NOTE: If yes, submit proof of non-profit status along with application.

If no, is your organization qualified to do business in California, or possess a business license issued in California: ☐ Yes ☐ No If yes, please provide business license number: \_\_\_\_\_

NOTE: Organization named in #1 must be the same name registered with the State of California.

5. Liability insurance is required. Please list carrier and limit of organization's liability insurance.

Carrier	Dollar Limit
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## EVENT INFORMATION

Name or type of room/facility	Date(s)	Time(s)	Attendance

1. Will food and beverage be included in your program? ☐ Yes ☐ No

If yes, please note type of service: ☐ UCD Catered ☐ Registered Caterer ☐ UCD Concessions

2. Will service of alcoholic beverages be requested? ☐ Yes ☐ No

NOTE: An approved UCD Alcohol Permit is required for the service of alcohol; 4 hours max. serving time, alcohol must be served by a licensed caterer.

4. Will campus housing be requested? ☐ Yes ☐ No If yes, Adult \_\_\_\_\_ Youth \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Date/Type of First Meal \_\_\_\_\_ Date/Type of Last Meal: \_\_\_\_\_  
Date First Meal Date Last Meal

## FINANCIAL INFORMATION

1. What fees, if any, will be charged? ☐ Admission \$ \_\_\_\_\_ ☐ Registration \$ \_\_\_\_\_

☐ Donation \$ \_\_\_\_\_ ☐ Sales/Vendors NOTE: (if sales, specify type and cost of goods/ services to be sold - must be approved by UC Davis).

NOTE: UCD charges up to 30% commission for all sales of goods (which must be approved in advance).

☐ Other \_\_\_\_\_

2. Will your organization do any type of fundraising at event? ☐ Yes ☐ No

3. How will collected funds be used? \_\_\_\_\_

4. If sales or fees are involved and revenue remains after all expenses are paid, how will the excess be distributed? \_\_\_\_\_

5. Identify ALL financial sources, which will be used to cover costs that may be associated with this event/conference.

☐ Admission/registration fees ☐ Organization funds ☐ University funds— Account # \_\_\_\_\_

☐ Grants/Donations from \_\_\_\_\_ ☐ Other: \_\_\_\_\_

## EVENTS THAT ARE TICKETED ARE REQUIRED TO USE THE UC DAVIS TICKET OFFICE FOR TICKET SALES

NOTE: In addition to the costs of facilities, food, and other service needs, administrative fees are charged according to the time required for Conference & Event Services staff to assist in event coordination. Approval of this request provides named organization access to university facilities for stated purpose but does not confirm availability of specific facilities requested.

\_\_\_\_\_  
Signature of Organization's Executive Principal Officer/Director/President  
This must be the signature of the person named as principal officer in #3 under Organization Information

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

## APPROVED FOR UNIVERSITY USE BY:

\_\_\_\_\_  
Signature of Manager, Conference and Event Services

\_\_\_\_\_  
Date

UC ☐ FC ☐ AF ☐ LI ☐ AP ☐ CU ☐ UE ☐ NUD ☐ NU ☐

Conditions of Approval \_\_\_\_\_