

Special Events Application AP Ranch

-- Office Use Only --

Date Received: _____

Event No.: _____

Event Title: _____ Application Date: _____

Purpose of Event: _____

Describe Event Activity: _____

Organization/Sponsoring Group: _____

Address: _____
Street No. City / State / Zip

Person in Charge: _____ Phone: _____

Number of Program Participants: _____ Spectators: _____ Fax: _____

Average Age of Participants: _____ E-mail: _____

Facilities and Equipment (Please use a separate sheet if you need more space.)

Date	Time Requested			Type of Facility	Equipment /Set-Up	Capacity
	Set-Up	Program	Clearing			

Food Service

Enter code for each meal required: B – Banquet CC – Cash Cafeteria SC – Special Catered (i.e. picnic, box meal)

Date	Breakfast	Lunch	Dinner	No. of People

Housekeeping

Housekeeping is required to clean facilities after your use. In some cases, housekeeping may be required to prepare a facility before your arrival. Unless requested, housekeeping is not provided during your event for continuous clean-up and maintenance.

Do you require housekeeping support on-site during your event? ☐ Yes ☐ No

Publicity

If your event is open to the public, please list how registration and/or ticket sales are to be handled. Please include contact information and ticket prices. _____

NOTE: Before it is released to media, you must submit for review any publicity that uses AP Ranch's name.

AP Ranch is an equal opportunity institution and subscribes to all requirements of federal law which prohibit discrimination in any respect to students, employees, applicants, or university programs on the basis of sex, race, color, natural origin, age, religion, handicap or veteran status. The Applicant will be expected to provide a certificate of insurance reflecting AP Ranch as an additionally Named insured under the policy. Limits should provide not less than \$1,000,000 per occurrence and in the aggregate. In the event this application is AP Ranch facilities shall arise only upon acceptance of such agreement as evidenced by its signature on behalf of AP Ranch, and upon compliance by Applicant with all terms and conditions of the Agreement.

NAME OF AUTHORIZED REPRESENTATIVE: _____

BILLING ADDRESS: _____

Please print or type

Street Address

Signature _____

City / State / Zip

Date Signed _____