

UNIVERSITY OF ARKANSAS AT MONTICELLO REQUEST FOR ACADEMIC FACILITY

Please submit this completed document to the appropriate office for verification of availability and reservation of facility before arranging an event.

Organization: _____

Type of Organization (Example: UAM Organization, Community, School District, etc.): _____

Contact Person: _____ UAM/Unit Sponsor: _____

Address: _____

Contact Telephone: _____ / _____ Type of Event: _____
Home or Day Work or Evening

Building and Room(s) Requested: _____

Date(s) of Event: _____ Start Time: _____ End Time: _____

Charge Expenses to: _____
Account Title Account Number

I agree to abide by the University's rules and regulations while using the requested facilities.

Signature: _____ Date: _____

Return completed form to: Registrar, Harris Hall 102, for Academic Buildings
Athletic Director, Steelman Fieldhouse, for Fieldhouse or Stadium

Available and approved Not available Available-Needs Executive Council approval
 Needs Building Supervisor approval

Signature of Building Supervisor

Authorized Signature: _____ Date: _____

Approved by Executive Council Not Approved by Executive Council

Executive Council Authorized Signature: _____ Date: _____

Office Use Only:

Room Reserved _____ Organization Notified _____ Special Arrangements _____

Comments: _____

Copy to: _____ Event Sponsor Building Supervisor(s):
_____ Public Safety _____
_____ Other: _____
