Arkansas Tech University does not normally make available its buildings and other facilities to individuals or outside organizations for private use. Exceptions may be made only if the proposed use is consistent with institutional policies and mission and the individual or organization fully reimburses the institution for all appropriate costs.

In recognition of the university’s primary mission, the following rules shall pertain with respect to priorities in reservation of space when the same facility or space is requested for use at the same time by different groups:

1st – Academic purposes
2nd – Administrative purposes
3rd – Student Activities
4th – Other

ROOM RESERVATIONS WILL BE DETERMINED USING THE FOLLOWING CRITERIA:

(Specify)

Mission-driven activity rooms:

<table>
<thead>
<tr>
<th>Room Name</th>
<th>Max Room Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collegiate Center Auditorium</td>
<td>112</td>
</tr>
<tr>
<td>Conference Center</td>
<td>176</td>
</tr>
<tr>
<td>Classroom</td>
<td>25</td>
</tr>
<tr>
<td>Allied Health 115</td>
<td>40</td>
</tr>
<tr>
<td>Conference Center Room 117 A</td>
<td>88</td>
</tr>
<tr>
<td>(west side)</td>
<td></td>
</tr>
<tr>
<td>Room 117 B (east side-with</td>
<td>88</td>
</tr>
<tr>
<td>Kitchen)</td>
<td></td>
</tr>
<tr>
<td>Student Services Conference</td>
<td>12</td>
</tr>
<tr>
<td>Room 106</td>
<td></td>
</tr>
</tbody>
</table>

External Entity Rooms:

<table>
<thead>
<tr>
<th>Room Name</th>
<th>Max Room Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collegiate Center Auditorium</td>
<td>112</td>
</tr>
<tr>
<td>Classroom</td>
<td>25</td>
</tr>
</tbody>
</table>

ORGANIZATION NAME: ________________________________

DATE OF EVENT: ________________________________

TIME OF EVENT: FROM: ____________________________ TO: __________________________

SET-UP DATE: ________________________________

SET-UP TIME: ________________________________

TAKE DOWN DATE: ________________________________

TAKE DOWN TIME: ________________________________

ESTIMATED ATTENDANCE: __________________________

WILL FOOD/DRINKS BE SERVED: YES__ NO_

EQUIPMENT REQUIRED: (PA, CHAIRS, ROUND OR SQUARE TABLES, LAPTOP, PROJECTOR, ETC.)

________________________________________________________________________

________________________________________________________________________

REPRESENTATIVE’S NAME: __________________________

PHONE: __________________________

MAILING ADDRESS: __________________________

DEPOSIT: __________________________
GENERAL CONDITIONS FOR LEASE AGREEMENT:

1. The University will accommodate your set-up needs. Please do not disturb the furniture in the front con-course area.
2. A deposit of one half of the estimated rental charge is required for use of the facilities. Failure to cancel an approved facility rental agreement will result in the forfeiture of the deposit.
2. Any damage to facilities or the campus during the setup, take down or the event will be charged additionally to the organization renting the facility.
3. Reservations for facilities and additional equipment must be submitted two weeks prior to the event.
4. A Representative of the event must contact the Maintenance Supervisor three (3) days prior to event for any additional information. Representative must also contact Arkansas Tech University Ozark Campus Public Safety Officer 14 days prior to event regarding traffic control and security as set out in lease agreement.
5. Alcoholic and tobacco products and their use are not permitted on any university facility. The presence and or use of such products during any phase of the event will constitute the cancellation of the event and the forfeiture of the deposit.
6. Absolutely no attachments to any part of the facility will be permitted without the expressed consent of the Maintenance Supervisor. Free-standing decorations must have the permission of the Maintenance Supervisor prior to display.
7. The campus prohibits commercial solicitation.
8. The campus prohibits any partisan political activity.
9. The campus reserves the right to accept or deny rental of its facilities based on its mission.

I understand the terms of this agreement and will adhere to any and all Arkansas Tech University, Board of Trustees and State of Arkansas requirements.

Organization Representative: ___________________________ Date: ________________
Maintenance Supervisor: ___________________________ Date: ________________
Chancellor of Ozark Campus: ___________________________ Date: ________________

******************************************************************************************
For Office Use Only:

Date Received: _______ Received by: _______
Copies: Chancellor’s Office ______ Public Safety ______ Maintenance Supervisor _____________

Estimated Charges: $25 Classroom ___ $50 CC Auditorium ___ $100 Conference Center _________
(1/2 Day) (1/2 Day) (1/2 Day)