FACILITY RESERVATION REQUEST
1700 Helberg Lane – Ozark, AR 72949
Telephone: 479-667-2117 - Fax: 479-667-1422
(Reservation is not guaranteed until approved by Chancellor or Designee. Return request form ASAP)

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:

____ Collegiate Center Auditorium ___ Conference Center ___ TAS 116 ___ Allied Health 115
Max Room Capacity - (112) (176) (25) (40)

External Entity Rooms:

____ Collegiate Center Auditorium ___ TAS 116
Max Room Capacity - (112) (25)

FACILITY REQUESTING TO RESERVE: ___________________________________________________

ORGANIZATION NAME: ____________________________

DATE OF EVENT ________________________ TYPE OF EVENT: ________________________________

TIME OF EVENT: FROM: ____________ TO: ________________

SET-UP DATE: ________________ SET-UP TIME ______________________________

TAKE DOWN DATE: ________________ TAKE DOWN TIME: ______________________________

ESTIMATED ATTENDANCE: ___________ EVENT ADMISSION CHARGE_____________________

WILL FOOD AND DRINKS BE SERVED: YES ______________ NO __________________________

ADDITIONAL EQUIPMENT REQUIRED: (PA, CHAIRS, TABLES, PROJECTOR, ETC.)

_________________________________________________________________________________

REPRESENTATIVE’S NAME: ______________________ PHONE: __________________________

MAILING ADDRESS: ____________________________________________________________ DEPOSIT ___________________
GENERAL CONDITIONS FOR LEASE AGREEMENT:

1. 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 Signature: ____________________________ Date: ________________

Maintenance Supervisor (Sandra Anderson): __________________________ Date: ________________

Chancellor of Ozark Campus (Dr. Jo Alice Blondin): __________________________ Date: ________________

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Date Received: ____________________________

Copies sent to: Chancellor’s Office____ CFO ____Computer Services____ Public Safety ______
Maintenace Supervisor ______

Received By: ________________

Estimated Charges (1/2 day): ______$25 Classroom ______$50 CC Auditorium ______$100 Conference Center