



**Sul Ross State University**  
MEMBER THE TEXAS STATE UNIVERSITY SYSTEM™

# FACILITY USE REQUEST FORM

Event #

**Return Completed Form to:**

SRSU Campus Activities  
P. O. Box C-190  
University Center Room 108  
Alpine, TX 79832  
432-837-8191 Office  
Elizabeth.Rodriguez@sulross.edu

Complete and submit this form to the Campus Activities Office **at least 10 working days prior** to the event. Late forms may result in cancellation of your event.

A visitor's parking pass is required Monday through Friday, 8 a.m. - 5 p.m.

Parking passes are available in the UDPS office, Briscoe Administration Building, Room 100.

**Do not advertise your activity until you have received confirmation from Campus Activities.**

EVENT:		SPONSORING ORGANIZATION:					
Building & Room	Event Date(s) MM/DD/YYYY	YOUR Set-up Time	Event Time Start H:MM xm	Event Time End	YOUR Clean-Up Time	Estimated Attendance	Alcohol Requested?
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

Use this space to indicate requests for equipment and/or special arrangements. All requests are subject to use or labor costs.

Would you like this activity to appear on the SRSU Web Calendar?  Yes  No  
If you'd like more information on the calendar than appears on this form, please attach a brief description. Information may be edited due to space requirements.

Will you need food items or catering?  Yes  No  
ARAMARK has the right of first refusal for food on campus. Call them at 432-837-8670.

Will this request cause handicap parking or route to be blocked?  Yes  No  
If yes, attach provision for alternate parking or route

By my signature or submission of this form electronically, I agree to abide by the requirements of Sul Ross State University regarding the use of University property and facilities and I am responsible for ensuring payment of facility charges will be met within the guidelines set out in the Schedule for Facility Charges, as well as other charges which may apply.

<b>Signature of Person filing request</b>	<b>Printed Name</b>	<b>Mailing Address</b>
<b>Email Address</b>	<b>Telephone</b>	<b>Fax</b>
<b>Authorizing Signature (if different from above)</b>	<b>Printed Name</b>	<b>Mailing Address</b>
<b>Email Address</b>	<b>Telephone</b>	<b>Fax</b>

FOR OFFICE USE ONLY					
Campus Activities received by:		Date:	Campus Activities Approved By:		Date:
Mailed or Sent to Client:		Date:	Dean's signature:		Date:
Facility Manager:		Date:	Vice-President signature		Date:
Copied to: Facility Manager ___ Physical Plant: ___ UDPS ___ Aramark ___ Reserving Party ___ O.I.T. ___ Athletics Director: ___ Other: ___					