



Date of Application: _____ Facility Requested: _____

Organization Requesting Activity: _____

Kind of Event/Activity: _____

Will Requesting Organization be Charging Admission and/or Accepting Monies relating to this Event/Activity? Yes ___ No ___

If Yes, How Much Per Person and For What Service(s)?

Date(s): _____ Number of People: _____

Beginning Time: _____ Ending Time: _____ Time Needing Access: _____

Name of Person Applying if Different than Responsible Party: _____

Telephone: _____ E-mail address: _____

Responsible Party for Rental Agreement and Damages, should they occur:

Telephone: _____ E-mail address: _____

Responsible Party's Address: _____
Street City State Zip code

Name of Insurance Company: _____

Insurance Company's Address: _____

Check all items below that you will need:

- *Food Service Sound/Public Address System
- Audio/Visual Equipment (specify on back of form) Screen
- Other (specify on back of form)

*If Food Service is needed, once application has been approved, please contact Glenville State University Dining Services (Aramark) at (304) 462-4108 concerning menu and pricing.

Additionally, room set-up information must be submitted to GSU's Events and Conference Coordinator within five days of the event. Email information to event.schedules@glenville.edu

Signature of Responsible Party

**IF DAMAGES OCCUR, YOUR GROUP WILL BE ASSESSED FOR SUCH AND PAYMENT WILL BE REQUIRED
WITHIN TEN DAYS OF THE SCHEDULED EVENT.**

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Comments: _____ Rental Fee: _____

[] Approved [] Disapproved Date: _____