



## FACILITY REQUEST FORM

MUST BE FILLED OUT IN ITS ENTIRETY BEFORE APPROVAL IS GRANTED

Event Name \_\_\_\_\_ Event Date: \_\_\_\_\_

Contact Name \_\_\_\_\_ Alt. Date: \_\_\_\_\_

Dept/Org. Name \_\_\_\_\_ Set Up Time: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Start Time: \_\_\_\_\_

\_\_\_\_\_ End Time: \_\_\_\_\_

Phone \_\_\_\_\_ # of People \_\_\_\_\_

Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

Room Requested \_\_\_\_\_

Alternate Room (if above is unavailable) \_\_\_\_\_

Audio/Visual Equipment \_\_\_\_\_

Does the event require catering? \_\_\_\_yes \_\_\_\_no

*(If yes, please contact Dining Services at (325)793-4834)*

**NOTICE: Reservations are based on availability. Rates are based on room size.**

*In making this reservation, the above mentioned **Contact person**, on behalf of the above mentioned **Organization**, agrees to conform to all McMurry rules and regulations as spelled out in the **Policies and Procedures** as posted. The above mentioned also assumes financial responsibility for any damages caused by participants or attendees at this event. McMurry University rules, regulations, and policies will be followed throughout this event and facilities **will be left in their original orderly condition**. All student organizations and events will be set up and torn down by that student organization, failure to do so will result in a fee charged to your organization.*

- All events must provide a certificate of \$1 million general liability insurance with McMurry University shown as additional insured. Or purchase "special events" insurance on-line at [www.eiia.org](http://www.eiia.org) and have a copy of certificate sent to Debbi Lehr.
- Deposit of 50% due at time of reservation.
- Balance due two (2) weeks prior to event start date.
- Make checks available to McMurry University.
- Please use the back of this form to sketch how you wish tables and chairs to be arranged and note any other needs you may have (sound equipment, curtain dividers, etc) contacted.

<b>FOR OFFICE USE ONLY</b>	DATE: _____
Reservation Approved ____yes ____no Charge \$ _____	
_____ Conference & Enrichment Services Representative	

\_\_\_\_\_  
Organization Representative

\_\_\_\_\_  
Date

**Please sign & return this form to:**

Debbi Lehr McMurry Station 275 Abilene, TX 79697 [lehr.debbi@mcm.edu](mailto:lehr.debbi@mcm.edu)

T. (325) 793-4853 F. (325) 793-4799