



Application for Use of IMSA Facilities

I. Applicant Information:

Official Name of the Organization

Billing Address of Organization

City, State, Zip Code

Organization Contact

Phone Number

E-mail Address

II. General Information:

Name and Event Description: _____

Date(s): _____ Time(s): _____

Estimated Attendance: _____ Admission/Registration Fee Charged? Yes ___ No ___

Note: Facilities are unavailable 12/15-1/05, May 15-31 and the month of August. Additional unavailable dates may be specified.

III. Facilities Requested:

_____ Conference Room (with tables/chairs)

_____ Auditorium

_____ Conference Room (chairs only)

_____ Classroom

_____ Multi-Purpose Room (with tables/chairs)

_____ West Gymnasium

_____ Multi-Purpose Room (chairs only)

_____ Lecture Hall

Other Requests:

_____ Media/ AV Technician (see Media Equipment Request Form)

_____ Food Service (see Food Service Request Form)

_____ Other

Special Needs: IMSA is a Title II facility under the Federal Department of Justice Americans with Disabilities Act standards. As such, the facilities requested may be subject to change dependent on the accommodation(s) required. Please provide prior notice of any attendee special accommodations required.

A Certificate of Insurance with a minimum of \$2,000,000 annual aggregate liability is required in advance for all lessees. Guidelines for all required insurance coverages are listed on the Insurance Provisions page. Rental dates cannot be confirmed until the Certificate of Insurance is received. It is also necessary to sign the Agreement for Use of IMSA Facilities form. "Not for Profit" groups must submit proof of tax-free status as defined by regulations of the Federal and State governments. Please send this form to the Facilities Coordinator, dkrett@imsa.edu.

Signature of Applicant
(Approved Representative of Organization)

Date