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| **[Organization Name]**Dance Registration Form |

Dances should be registered in the Event Services Office (Office Address) no later than 3 weeks (15 working days) prior to the event to allow for proper planning on the sponsoring organizations behalf and to allow for appropriate Union staffing.

# Please complete this request and return to the Event Services office. If necessary, include any supplementary paperwork to this request.

|  |  |
| --- | --- |
| Name of Organization/Sponsor |  |
| Place of Event |  |
| DJ/Band |  |
| Date of Event |  |
| Time [From-To] |  |

\*Please note the use of smoke/fog machines is prohibited in the [EVENT ADDRESS] enter.

I (we) plan to make the funds transfer in the form of: cash check credit card other.

|  |  |
| --- | --- |
| Credit card type | Exp. date |  |
| Credit card number |  |
| Authorized signature |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | |
| Last Name | |  | | First Name |  | | | |
| Street Address | |  | | | | | Apartment/Unit # | |
| City |  | | | State |  | | ZIP |  |
| Phone |  | | | E-mail Address | |  | | |
| Date Available | |  | Social Security No. | |  | | | |

The group/organization and it’s representative below agree to exercise due care in the use of the requested facility, to leave the premises in the same condition as prior to the event and to defend, indemnify and hold the [Organizer] harmless in any action resulting from the use of the facility.

If permission to conduct an event is granted, it is understood that the signing individual and/or their organization, will take full responsibility for the injury to any person or property caused by the organization or members thereof and will be financially responsible for both damages and expenses resulting there from.

It is also understood that the signing individual and/or their organization assume all risks for any injury or loss to the property or members of the organization and that approval of the event does not provide any coverage by [Organizer] insurance.

Evidence of insurance, by issuance of a certificate of insurance naming the [Organizer] as an additional insured, for commercial general liability insurance in a single limit amount of $AMOUNT or more as appropriate to the risk of the event as required by the Department of Risk Management must be provided. Risk Management may waive any informality or part of the above requirement in appropriate circumstances on application.

I have read the policies and guidelines governing the use of the facilities and agree to adhere to them.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Approved |  | Disapproved | |  | | |
|  | | | Date | |  |

Director for facilities & operations