

# FACILITY USE REQUEST FORM

University of Wisconsin-Sheboygan  
1 University Drive, Sheboygan, WI 53081 (920) 459-6600

----- Please Complete As Fully As Possible To Ensure Your Event Needs Are Met -----

|   |   |                                     |  |                                |
|---|---|-------------------------------------|--|--------------------------------|
| <b>Organization Name</b>  |   |                                     |  |                                |
| <b>Name of Event</b>  |   |                                     |  |                                |
| <b>Date(s) of Event</b>   |   |                                     |  |                                |
| <b>Event Description (please attach program or agenda if applicable):</b> |   |                                     |  |                                |
| <b>Contact/Bill To Person:</b>  |   |                                     | <b>E-mail:</b>   | <b>Phone:</b>                  |
| <b>Billing Address:</b>   |   |                                     |  | <b>Cell:</b>                   |
| SHB County Agency <input type="checkbox"/>                                | Wisconsin State Agency <input type="checkbox"/> | City Dept. <input type="checkbox"/> | UW System School <input type="checkbox"/>                                  | Other <input type="checkbox"/> |
| Private Non-Profit <input type="checkbox"/>                               | Public School District <input type="checkbox"/> | For Profit <input type="checkbox"/> | Other Higher Education <input type="checkbox"/>                            |                                |
| <b>No. of People:</b>   | <b>Fee Charged?:</b> Yes / No <b>Amount:</b>    |                                     | <b>Alcohol Served:</b> Yes / No (If so, additional documentation required) |                                |

**-- DEPOSIT: For major events a deposit of \$100.00 is required. --**

| Room Number(s) (or "ANY") | <b><u>Special Needs. Attach additional pages if needed. Rooms come as is. There may be additional charge for setup.</u></b> | Setup Time | Start Time | End Time |
|---------------------------|---|------------|------------|----------|
|                           |   |            |            |          |

**OTHER NOTES:**

**OTHER NEEDS (SEE FEE SCHEDULE FOR COSTS IF APPLICABLE):**

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Catering                   | <input type="checkbox"/> Participants will purchase lunch on own in cafeteria | <input type="checkbox"/> Gym Floor Tarp Service      |
| <input type="checkbox"/> Dedicated I.T. Support     | <input type="checkbox"/> P.A. System – Small (1 mic)                          | <input type="checkbox"/> Internet/Network Access     |
| <input type="checkbox"/> PowerPoint Projector       | <input type="checkbox"/> P.A. System – Large (>1 mic)                         | <input type="checkbox"/> Guest Username/Password     |
| <input type="checkbox"/> Conference/Speaker Phone   | <input type="checkbox"/> Other Sound System Needs                             | <input type="checkbox"/> Wireless Network Access     |
| <input type="checkbox"/> Videoconference Connection | <input type="checkbox"/> VCR/DVD Player                                       | <input type="checkbox"/> Printing Services           |
| <input type="checkbox"/> Easel and Flipchart        | <input type="checkbox"/> Document Camera/Elmo                                 | <input type="checkbox"/> Copier Service              |
| <input type="checkbox"/> Podium                     | <input type="checkbox"/> Computer Classroom                                   | <input type="checkbox"/> Fax Service                 |
|   |   | <input type="checkbox"/> Conference Room             |
|   |   | <input type="checkbox"/> Whiteboard                  |
|   |   | <input type="checkbox"/> Dedicated Custodial Support |
|   |   | <input type="checkbox"/> Weekend Custodial Support   |
|   |   | <input type="checkbox"/> Additional Tables/Chairs    |
|   |   | <input type="checkbox"/> Room with Sink              |

| Additional Rooms         | Special Needs. Attach additional pages if needed. Rooms come as is.<br>There may be additional charge for setup. | Setup Time | Start Time | End Time |
|--------------------------|--|------------|------------|----------|
|                          |  |            |            |          |
| <b>ADDITIONAL NOTES:</b> |  |            |            |          |

**REGULATIONS GOVERNING USE OF UNIVERSITY FACILITIES BY NON-UNIVERSITY GROUPS**

The University of Wisconsin Sheboygan exists for University purposes of instruction, research and public service. It follows, therefore, that facilities which have been provided by the County and State for these purposes and programs cannot be open to unrestricted use by non-University groups. If, in the judgment of the Assistant Campus Dean for Administrative Services or his/her designee, the meeting or activities of a non-University group will contribute to and serve the University's mission, the facilities when available, may be used by that group subject to established procedures. In all instances, University needs must be served first.

**GENERAL CONDITIONS**

- A. If extra expense to the University is involved (e.g., for janitor service, policing, labor, technical support, and light), the sponsoring organization must accept responsibility for such costs. The organization shall specify a representative to work with designated campus personnel in making arrangements.
- B. The organization desiring the use of University facilities must declare that it does not discriminate as to race, religion, gender, age, or national origin.
- C. The meeting(s) will in no way obstruct, hamper, or endanger the normal functioning of the University campus.
- D. The meeting(s) must be open to the public.
- E. The meeting(s) must be in keeping with the overall educational and public service objectives of the University of Wisconsin.
- F. No religious services or instruction may be conducted on a regular or continuous basis anywhere on the campus.

**SCHEDULING**

The University of Wisconsin Sheboygan encourages use of its facilities by non-University groups if certain criteria are met: first consideration will be given to the needs of the University, its Continuing Education Programs, and UW Extension; second, State, county/city agencies; third, to other governmental and public education agencies.

**LIABILITY**

The facility user hereby agrees to hold harmless the State of Wisconsin, the Board of Regents of the University of Wisconsin, University of Wisconsin-Sheboygan, Sheboygan County, their officers, employees, and agents from any and all liability, loss, damages, costs, or expenses, which are sustained, incurred, or required arising out of the actions of the facility user in the course of their use of the facilities including catastrophic injury or death. The institution has the right to request proof of commercial liability insurance, naming the Board of Regents of the UW System, as additional insured for those events or activities as deemed necessary. The user may in no way construe use of facilities as University endorsement of an organization, its program, or the viewpoint it represents. In addition, the University of Wisconsin Sheboygan does not allege or assume any responsibility or affiliation with the activities or doctrines of the undersigned organization. The undersigned acts as an independent and separate entity in its use of the University's facilities. The organization assessing admission charges must assume full responsibility for collecting, reporting, and transmitting all applicable taxes to appropriate State or Federal agencies.

**SUPERVISION**

The facilities and grounds will not be made available for community use unless a member of the campus staff (i.e. administration, ranked faculty, instructional academic staff, UWEX personnel, custodians) is on duty during the period requested.

- A. Only authorized University personnel or persons specifically designated by the Assistant Campus Dean for Administrative Services may operate theater sound and lighting control systems or specialized equipment there or elsewhere.
- B. If extra assistance (before, during, or after the event) is involved, the sponsoring organization will be responsible for charges for this assistance.

**FOOD AND BEVERAGE**

Food or beverages are permitted in campus buildings only in specifically designated areas. Permission must be secured in advance by the Assistant Campus Dean for Administrative Services if other than the usual areas are to be used for meals and refreshments. Alcoholic beverages are NOT permitted. Smoking is NOT permitted in University buildings. Smoking is only permitted in the Campus' designated smoking area. User must provide adult supervision at all times for all persons present on the campus for participation in its program.

**USER RESPONSIBILITY**

The User is responsible for turning out lights and leaving the space(s) used in their original condition. User assumes responsibility for all publicity, signage, and promotions, which must be worded so that use of the facility is not construed as University sponsorship or endorsement. Official designation of this campus is **The University of Wisconsin-Sheboygan**, it should appear this way (or in the abbreviated form, UWS) in all publicity releases and printed materials. It is required that one copy of the conference programs, publicity releases, and other printed material be supplied to the Assistant Campus Dean for Administrative Service's Office/designee at least ten days prior to the beginning of scheduled event. This will help the campus to respond more effectively to questions.

**RESERVATION PROCEDURES**

The University must be notified at least 48 hours (two working days) in advance of any cancellation of any meeting. If the dates that have been reserved on the Facilities Use Request form subsequently come into conflict with the needs of the University, The University reserves the right to change or cancel the arrangements upon 48 hours notice to the User. This would only occur after every effort has been made to respect the reservation.

**CUSTODIAL, MEDIA and TECHNOLOGY SERVICES:**

Costs will be at prevailing wage and fringe benefits both for custodial staff and for student help. In some case, the Campus Dean reserves the right to waive certain fees associated with facilities usage.

The Assistant Campus Dean for Administrative Services or his/her designee supervises the scheduling of facilities. The UWS reserves the right to change room assignments or to cancel reservations when its operational priorities so require. The Assistant Campus Dean for Administrative Services or his/her designee is authorized to make exceptions to the regulations listed above when it is in the best interest of the University.

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*My signature on this document indicates that I, on behalf of the organization I represent, have accurately described our event and its needs, that I have read and understand the regulations regarding the use of campus facilities, that I accept responsibility for all University equipment used, that I will guarantee payment of all state costs and rental charges, and that I accept the liability clauses above. I also declare that our organization does not discriminate on the basis of race, color, religion, creed, sex, age, disability, sexual orientation, national origin, marital status, or any other basis protected by applicable state or federal law. I also understand that in the event that UW custodial staff is hired on my behalf and clean-up time exceeds an hour, additional fees will be charged.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**UW-Sheboygan Contact Information: Bonnie Smith, Business Services / (920) 459-6688 / 1 University Dr. Sheboygan, WI 53081**  
Fax form to (920) 459-6602 or scan and email to uwshbbusofc@uwc.edu, or submit to Business Services Office at above address.

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**For Office Use:**

Estimated Usage Fee: \_\_\_\_\_

Campus Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Assistant Dean for Administrative Services

cc: \_\_\_\_\_

cc: \_\_\_\_\_

---- Internal Use Only ----

Event:

Date:

| Route To:                |   | If Checked Below, Please Contact Requestor Directly To Provide/Obtain Details for Your Area of Responsibility | Notes |
|--------------------------|---|---|-------|
| <input type="checkbox"/> | Internal Event Contact/Coordinator?<br>Staff: _____   | <input type="checkbox"/>  |       |
| <input type="checkbox"/> | Food Services, Catering<br><b>(Michele VanderPloeg)</b>   | <input type="checkbox"/>  |       |
| <input type="checkbox"/> | Information Technology Support, Network Access, Classroom Technology, Minor PA (1 mic), Telephony<br><b>(Ann Gaygan, Vicky Spelshaus)</b> | <input type="checkbox"/>  |       |
| <input type="checkbox"/> | Theatre Technical Support, Major PA, Sound, Lighting<br><b>(Ed Janairo)</b>   | <input type="checkbox"/>  |       |
| <input type="checkbox"/> | Room Setup, Podium, Table Setup, Risers, Custodial Support<br><b>(Bruce Edwards, Gary Alfson)</b>   | <input type="checkbox"/>  |       |
| <input type="checkbox"/> | University Relations, Related Services<br><b>(Carrie Hoppe)</b>   | <input type="checkbox"/>  |       |
| <input type="checkbox"/> | Other Staff _____   | <input type="checkbox"/>  |       |
| <input type="checkbox"/> | Other Staff _____   | <input type="checkbox"/>  |       |
|                          | <b>OTHER NEEDS:</b>   |   |       |