UNIVERSITY OF THE BAHAMAS

REQUEST FOR USE OF UNIVERSITY OF THE BAHAMAS RENTAL FACILITIES (NEW PROVIDENCE)

Return completed form to Facilities Rental Office at least two weeks prior to the event. In the event of a cancellation, you are required to give four (4) days' notice prior to the event.

No. of Days Requested:		**Date(s) Requested:**	

Type of Event:

[ ] Concert [ ] Dance Recital [ ] Distinguished Lecture [ ] Film [ ] Meeting [ ] Musical

[ ] Play [ ] Reception [ ] Sports (specify)_____

[ ] Other (specify) _____

[ ] Ticketed [ ] Invitation Only [ ] UB Event [ ] Non-UB Event

Name of Event:

Space Requested:

[ ] Band shell [ ] Basketball Court [ ] RBC [ ] CHOICES Dining Room [ ] Classroom

[ ] Conference Room [ ] HCM Auditorium [ ] HCM Veranda [ ] Independence Park [ ] PAC Theatre

[ ] PAC Foyer [ ] UB Grounds [ ] UB Pool [ ] UB Track [ ] Other (specify) _____

Expected Attendance:		**Maximum Capacity:**	
Additional Information:			
Additional Requirements:			

DATES REQUESTED (If more than 3 days, complete page 2.)

Days Requested			**Pre-Event** (Set Up/Rehearsal)		**Event**		**Post-Event** (Clean Up/Load Out)	
Day	Week Day	Date	Arrival Time	End Time	Start Time	End Time	Arrival Time	End Time
1								
2								
3								

SPONSOR INFORMATION

Sponsoring Organization:		Co-Sponsor (if applicable):	
Address of Organization:		Address of Co-Sponsor:	
Name of Contact Person:		Co-Sponsor Contact Person:	
Contact Phone:		Co-Sponsor Contact Phone:	
Contact E-Mail:		Co-Sponsor Contact E-Mail:	

Additional Billing Contact Information (If name of individual designated to receive billing is different from above.)

Name:		Phone:	
Street Address		E-Mail:	

I certify that the information above is accurate and that the event ***will comply with UB rules and regulations***. All associated fees will be paid prior to the event or shortly thereafter. I understand that, if approved, my signature constitutes a binding contract between myself and UB and that completion of this form does not constitute confirmation of the event. Confirmation or rejection will be communicated after an assessment by UB.

Signature of Applicant: _____ Date: _____

You will be notified of the decision regarding your request within 10 business days.

UB Office Use Only: [ ] Approved [ ] Not Approved By: _____ Date: _____

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Attach this page or a detailed schedule should the number of days requested for use of the facility exceed 3 days.

Days Requested			**Pre-Event** (Set Up/Rehearsal)		**Event**		**Post-Event** (Clean Up/Load Out)	
Day	Week Day	Date	Arrival Time	End Time	Start Time	End Time	Arrival Time	End Time
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								