

**The University of Akron Wayne College**

1901 Smucker Road  
Orrville, OH 44667

**Timelines for submissions-**

- **Application for use of College facilities to be submitted at least 30 days prior to event.**
- **Diagram & equipment lists to be finalized at least 2 weeks prior to event.**
- **Approved facilities form must be attached to request for requisition when using an outside vendor.**

APPLICATION FOR USE OF COLLEGE FACILITIES

Date of application

**This Section to be Completed by Applicant**

The (department, office, group) \_\_\_\_\_

Requests the use of \_\_\_\_\_

Day \_\_\_\_\_ Date \_\_\_\_\_

Set-up time \_\_\_\_\_ to \_\_\_\_\_ Event time \_\_\_\_\_ to \_\_\_\_\_

Description of activity \_\_\_\_\_

\_\_\_\_\_

Contact person \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone number \_\_\_\_\_ Number or participants \_\_\_\_\_

I have read the policies and fee schedule on the attached regulations for use and hereby obligate myself, as a designated representative of the above named organization, to all conditions set forth thereon.

\_\_\_\_\_

Signature of person accepting responsibility

**Approval**

Yes No

1. Schedule Manager \_\_\_\_\_ Date \_\_\_\_\_

2. Facilities Manager \_\_\_\_\_ Date \_\_\_\_\_

3. TSS Manager \_\_\_\_\_ Date \_\_\_\_\_

4. Campus Police \_\_\_\_\_ Date \_\_\_\_\_

**To be Completed by Business Office**

Request above: approved   approved subject to following conditions: \_\_\_\_\_

denied

*Cost of facilities will be billed later when actual costs are known. Deposit may be required for approval.*

\_\_\_\_\_  
Director of Business Operations

\_\_\_\_\_  
date

Copies to: Dean  
Director of Business Operations

Originator  
Tech Support

Schedule Manager  
Facilities Manager

Campus Police  
Marketing

<b>Technical Support Services</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO (Check all that apply)
<input type="checkbox"/> Laptop	<input type="checkbox"/> DVD player	<input type="checkbox"/> Sound System
<input type="checkbox"/> Projector	<input type="checkbox"/> VCR	<input type="checkbox"/> Microphone
<input type="checkbox"/> Screen	<input type="checkbox"/> Monitor / TV	<input type="checkbox"/> Easel
<input type="checkbox"/> Support Staff	<input type="checkbox"/> Flip chart	<input type="checkbox"/> Other

<b>Maintenance</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO (Check all that apply)
<input type="checkbox"/> Tables	<input type="checkbox"/> Coat Rack	<input type="checkbox"/> Stage
<input type="checkbox"/> Chairs	<input type="checkbox"/> Trash Cans	<input type="checkbox"/> Floor Covering
	<input type="checkbox"/> Staff	<input type="checkbox"/> Other

<b>Diagram</b>