Azusa Pacific University
Office of Communiversity
Student Union Facility Request

The Student Union is open for the use of all individuals (APU Students, Faculty, and Staff) and organizations on a first come, first serve basis, although preference will be given to events sponsored by the Student Activities Office (non-APU must go through hospitality services). We reserve the right to deny any person(s) for any event that does not correlate with the mission of APU. Use of the Student Union requires all individuals and organizations to be responsible for any loss or damage to the Student Union, and they must adhere to Student Union Policy. This form must be submitted at least 2 weeks in advance of the event date. Those reserving the space are responsible for leaving the Student Union in proper order (i.e.: furniture arranged neatly and room left clean). Please refer to the Student Union Policies and Procedures for guidelines and fees.

Thank you for your cooperation.

Organization’s Name: __________________________________________________________

Contact Person: _______________________________________________________________

Budget Number: _________________________ Email Address: __________________________

Requesting Date(s): _____________________ Time (s): ______________________________

Location:  □ Basketball Court  □ Student Lounge  □ Both

We will be using the Student Union for the following reason:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

PLEASE NOTE: AFTER TURNING IN THIS REQUEST TO THE OFFICE OF COMMUNIVERSITY, YOU ARE NOT GUARANTEED A RESERVATION FOR THE REQUESTED FACILITY. NO RESERVATION IS GUARANTEED UNTIL YOU RECEIVE CONFIRMATION FROM THE OFFICE OF COMMUNIVERSITY.

I understand and agree to adhere to the policy/guideline of the Student Union.

Signature: ___________________________ Date: ____________

Print Name: ___________________________

Approved (yes / no) Director of Student Activities:

Comments:

Total Fees: