

Facility Request Form
H. Fred Simons African American Cultural Center
Student Union Room 407
860-486-3433

You must be a registered Student Organization or University Department/Center to reserve AACC facilities.

PLEASE HAND IN THIS FORM AT LEAST 10 DAYS PRIOR TO EVENT.

This is only a request. While most requests are honored based on availability, the AACC reserves the right to determine appropriate use for its facilities. All reservations are subject to the approval of the AACC Director.

Today's date

Which room at the center are you requesting? Community Room Conference Room

Dept. / Org.:

Name of person making request?

Address: Email: Phone:

Program Date: Alternative Date:

Program Start Time: Program End Time:

Type of Program:

Admission Charge? Yes No Approximate Attendance:

After Hours Facility Monitor Requested? Yes No

Setup Request: Chairs Podium Microphone Round Tables Square Tables

Special Requirements

This event has been: Approved _____ Disapproved _____

University of Connecticut
H. Fred Simons African American Cultural Center
2110 Hillside Road Unit 3180 Storrs, Connecticut 06269-3180
Phone: (860) 486-3433 Fax (860) 486-1193

AACC Facility Usage Policies

I, the undersigned, apply for permission to operate a concession or engage in a fund raising project on the campus of the University of Connecticut as described, and upon approval, agree to comply with policies and procedures of the University when operating a concession. Failure to do so will result in withdrawal of said privilege. I have authority to commit funds and reserve facilities on behalf of the registered Student Organization or University.

I agree to comply with all deadlines, agree to pay support service charges, and comply with all local, state, and federal laws and University policies. Failure to comply with deadlines and policies will result in cancellation of the reservation. If it is reported that my organization does not take steps to comply with the laws and policies, or if the organization disregards instructions given by staff assigned to the event, or if personal injury or property damages occur, then the organization will be held responsible and liable for damages, and will be denied use of the facilities for up to one semester.

I have read and agreed to comply with facility usage policies, and I will be present during the entire event to ensure the group enforces the policies

Student Org/Dept.

Title Address

Student Org. Advisor Advisor Email

Signature

Approval Date

Disapproval Date

Dr. Willena K. Price, Director