

FLOWERS HALL
Campus Reservation Form

FACILITY INFORMATION

Dates(S) Desired: _____ Title of Event: _____
Location: Main Court _____ Area A _____ Area B _____ Classrooms: _____
Dance Floor _____ Gym Area _____ Pool _____ Room 303 _____
Setup Date: _____ Time Setup Begins: _____ AM/PM Time Setup Ends: _____ AM/PM
Event Date: _____ Time Event Begins: _____ AM/PM Time Event Ends: _____ AM/PM
Event Date: Open Facility: _____ AM/PM Close Facility: _____ AM/PM
Teardown Date: _____ Time Teardown Begins: _____ AM/PM Time Teardown Ends: _____ AM/PM
Estimated Number to Attend: _____ Admission: Free _____ Ticket Price(s): _____
Tickets Available At: _____
Open To: Campus Only _____ Public _____ Other: _____
Sponsoring Organization (*if applicable*): _____

FOOD SERVICE INFORMATION

(Food Service Request Must Be Made By Contacting Sodexo at 256-765-5667)

Food Service: N/A _____ Meal _____ Reception _____ Will Use Food Court for: Breaks _____ Meals _____

PUBLIC SAFETY INFORMATION

Groups Arriving By: Cars: _____ Approximate # _____ Buses: _____ Approximate # _____
(Special arrangements are necessary when groups are arriving by bus. Please Call: 765-4280)
Special Instructions for Public Safety: _____

PHYSICAL PLANT INFORMATION

(Upon Receipt of This Form, Always Provide Appropriate Climate Control Within the Specified Locations)
(Special Instructions for Responsibilities to be Handled by Physical Plant Personnel)

APPLICANT INFORMATION

Printed Name of Applicant: _____ Date: _____ Phone: _____
E-Mail Address: _____
Mailing Address: _____ Zip Code: _____
Applicant Signature: _____ Advisor Signature: _____
(Needed If Student Organization)

FOR FLOWERS HALL USE ONLY

ATHLETIC DIRECTOR or DESIGNEE

CHAIR, HEALTH, PHYSICAL ED & RECREATION

COORDINATOR of INTRAMURAL SPORTS & RECREATION

COORDINATOR of FLOWERS HALL POOL

FOR UNIVERSITY EVENTS USE ONLY

Approved By: _____ Date: _____
If Approval is Based on Specific Stipulations, They Are As Follows: _____

Denied By: _____ Reason: _____
Confirmation No: _____ Charge: _____ Payment Method: _____

Please Return Completed Form To:
Office of Univeristy Events, University of North Alabama
UNA Box 5068, Florence, AL 35632-0001
Phone: 256-765-4658 Fax: 256-765-4507