



Facilities Waiver Request Form

Organization Name: _____

Contact Name: _____ Email: _____

Address: _____

Type of Organization: _____ 501(c) 3, _____ 501(c) 4, _____ Governmental Agency, _____ Alumni,
_____ Community Partner, _____ Other; please specify: _____

Date(s) of event: _____ Facility(s) requested: _____

Name and Purpose of Event: _____

Special Events Quote #No. (If Applicable): _____

Total Amount Quoted: _____

Facility Amount Quoted: _____

Personnel Amount Quoted: _____

Miscellaneous Amount Quoted: _____

Reason for Seeking Waiver: _____

Requestor Signature: _____ Date: _____

Special Event Coordinator: _____ Date: _____

_____ Approved / _____ Denied

Dean/VP/Designee: _____ Date: _____

President /Designee: _____ Date: _____