

APPLICATION FOR USE OF UC DAVIS FACILITIES AND/OR SERVICES



Conference & Event Services Office
 ___ Rep

Instructions:

Both pages of this form must be fully completed, signed by the applicant and returned to the Conference & Event Services Office, One Shields Avenue, University of California, Davis, CA 95616-8766. No facility reservation will be made prior to submission and approval of the application.

If approved, the application will be signed for the University and a copy returned to the applicant along with a cost estimate and appropriate agreements for the use of University facilities and services. Events are not considered approved until sponsor receives a copy of the fully executed Agreement for Use of Facilities/Services – UC Davis. Upon approval, a certificate of insurance naming UC Regents as additionally insured will be required for your event.

EVENT INFORMATION

NOTE: Publicity for any event held at the University requires prior approval before advertising can begin.

1. Name of Event: _____ Date of Event: _____
2. Purpose of Event: _____
3. Who will be at the event? _____ Estimated Attendance: _____
4. Is the event open to the public? Yes No
5. Will the event be publicized? Yes No If yes, describe how: _____
6. List key speakers by name and title. Indicate if any are University personnel.

Will speakers be paid? Yes No If yes, by whom: _____

7. Will class credit be offered? Yes No If yes, by whom: _____
 8. Has your organization used campus facilities before? Yes No If yes, when and for what purpose? _____
- If no, how did you hear about our facilities? _____

ORGANIZATION INFORMATION

1. Name of organization: _____
2. General purpose of organization: _____
3. Principal Officer: _____

	Name & Title	Phone Number	Fax Number
	Address	City	State Zip Code

Event Coordinator: _____

	Name & Title	Phone Number	Fax Number
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	Address	City	State Zip Code
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UCD Representative (if any): _____

	Name	Campus Address	Fax Number
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	Phone Number	Fax Number
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University charges will be billed to: _____

	Name	Phone Number	Fax Number
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	Address	City	State Zip Code
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4. Has your organization been granted California State income tax-exemption status?
 Yes No NOTE: If yes, submit proof of non-profit status along with application.
- If no, is your organization qualified to do business in California, or possess a business license issued in California: Yes No If yes, please provide business license number: _____

NOTE: Organization named in #1 must be the same name registered with the State of California.

5. Liability insurance is required. Please list carrier and limit of organization's liability insurance.
- | | |
|---------|--------------|
| | |
| Carrier | Dollar Limit |

EVENT INFORMATION

Name or type of room/facility	Date(s)	Time(s)	Attendance

- Will food and beverage be included in your program? Yes No
If yes, please note type of service: UCD Catered Registered Caterer UCD Concessions
- Will service of alcoholic beverages be requested? Yes No
NOTE: An approved UCD Alcohol Permit is required for the service of alcohol; 4 hours max. serving time, alcohol must be served by a licensed caterer.
- Will campus housing be requested? Yes No If yes, Adult _____ Youth _____
Arrival Date: _____ Departure Date: _____
Date/Type of First Meal _____ Date/Type of Last Meal: _____
Date First Meal Date Last Meal

FINANCIAL INFORMATION

- What fees, if any, will be charged? Admission \$ _____ Registration \$ _____
 Donation \$ _____ Sales/Vendors *NOTE:* (if sales, specify type and cost of goods/ services to be sold - must be approved by UC Davis).
NOTE: UCD charges up to 30% commission for all sales of goods (which must be approved in advance).
 Other
- Will your organization do any type of fundraising at event? Yes No
- How will collected funds be used? _____
- If sales or fees are involved and revenue remains after all expenses are paid, how will the excess be distributed? _____
- Identify ALL financial sources, which will be used to cover costs that may be associated with this event/conference.
 Admission/registration fees Organization funds University funds— Account # _____
 Grants/Donations from _____ Other: _____

EVENTS THAT ARE TICKETED ARE REQUIRED TO USE THE UC DAVIS TICKET OFFICE FOR TICKET SALES

NOTE: In addition to the costs of facilities, food, and other service needs, administrative fees are charged according to the time required for Conference & Event Services staff to assist in event coordination. Approval of this request provides named organization access to university facilities for stated purpose but does not confirm availability of specific facilities requested.

Signature of Organization's Executive Principal Officer/Director/President
This must be the signature of the person named as principal officer in #3 under Organization Information

Please Print Name Title

Address City State Zip Code Phone Number

APPROVED FOR UNIVERSITY USE BY:

Signature of Manager, Conference and Event Services Date
UC FC AF LI AP CU UE NUD NU
Conditions of Approval _____