

## Request to Use University Facilities Standard Request Form (SRF)

DOWNLOAD COMPLETED FORM TO YOUR COMPUTER AND EMAIL TO [SPACEMGT@CSUS.EDU](mailto:SPACEMGT@CSUS.EDU)

Today's Date: \_\_\_\_\_

| CUSTOMER INFORMATION – COMPLETE ALL INFORMATION                                                                                                                    |     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| Campus Dept and Location (Bldg Rm)                                                                                                                                 |     |  |
| Submitted By (Name and Title)                                                                                                                                      |     |  |
| Requester Email and Phone                                                                                                                                          |     |  |
| Person Responsible for Event (Name and Title)                                                                                                                      |     |  |
| Department Speedchart, Name of Dept<br>Chair/Director Authorizing Event                                                                                            |     |  |
| Name of community organization involved in Dept Sponsored event (if relevant).<br>Contact Space Management for requirements - 60 days' advance notice is required. |     |  |
| I have read and agree to the <a href="#">terms and conditions</a> for use of University facilities.                                                                | Yes |  |

| EVENT INFORMATION – COMPLETE ALL INFORMATION                                                   |     |                 |                                                                          |                             |     |             |  |
|------------------------------------------------------------------------------------------------|-----|-----------------|--------------------------------------------------------------------------|-----------------------------|-----|-------------|--|
| Event Title and Description                                                                    |     |                 |                                                                          |                             |     |             |  |
| Space Requested (Lecture, conference,<br>computer lab, outdoor space*, etc.)                   |     |                 |                                                                          |                             |     |             |  |
| <b>*Customer must describe outdoor space and list event activities taking place on page 2.</b> |     |                 |                                                                          |                             |     |             |  |
| Event Date(s), Days. Use page 2, if needed.                                                    |     |                 |                                                                          |                             |     |             |  |
| Setup Time                                                                                     |     | Start Time      |                                                                          | End Time                    |     | Vacate Time |  |
| Attendance #                                                                                   |     | Participant Fee |                                                                          | Ticket Sales /Admission Fee |     |             |  |
| Audience (students, faculty, staff, public)                                                    |     |                 |                                                                          |                             |     |             |  |
| K-12 Participants-Yes/No                                                                       | Yes | No              | Amplified Sound-Yes/No                                                   |                             | Yes | No          |  |
| If Yes, list K-12 age range                                                                    |     |                 | If Yes, list time, place, manner                                         |                             |     |             |  |
| Food/Beverages-Yes/No                                                                          | Yes | No              | If Yes, list food/beverage<br>location                                   |                             |     |             |  |
| Required for Course - Yes/No                                                                   | Yes | No              | Event for Course Additional Facility-Yes/No                              |                             | Yes | No          |  |
| If Yes, list course subject,<br>number, and section                                            |     |                 | Space Also Reserved in University Union,<br>Alumni Ctr, Res Halls-Yes/No |                             | Yes | No          |  |

| SERVICES NEEDED (Example, custodial, grounds, recycling, electrical, police, parking, etc.) Use page 2 for additional services. |
|---------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                 |

To reserve tables/chairs, contact Facilities Management directly: (916) 278-6242 or [fm-work1@csus.edu](mailto:fm-work1@csus.edu)

| FOR SPACE MANAGEMENT USE ONLY |
|-------------------------------|
|                               |

**SUPPLEMENT EVENT INFORMATION**

**Describe your space needs and specific event activities for use of outdoor space. Also, answer the following questions for outdoor events. Note: An Office of the State Fire Marshal (OSFM) special events permit may be required.**

1. Tables/chairs – Yes/No. If yes, specify location, number of tables and chairs needed, and who will be providing them.
2. Tents – Yes/No. If yes, specify location, size of tents, and number of tents.
3. Vendors/Exhibitors – Yes/No. If yes, specify type, number of vendors, and describe what they will be doing.
4. Event Directional Signage – Yes/No. Signage must be approved by the University Minor Design Change Committee (MDCC).

**ADDITIONAL EVENT SERVICES REQUESTED****ADDITIONAL COMMENTS (FOR SPACE MANAGEMENT USE ONLY)**

**Allow at least 21 business days to process this request.**

**For large, complex, and/or outdoor requests, additional processing time may be required.**

**The requested space is confirmed only when an event summary confirmation has been emailed to you.**

Requests will be processed in the order received and held on file for appropriate event scheduling timelines AFTER classes have been scheduled. Events may be scheduled during campus standard hours of operation. University facilities are not available overnight and on holidays when the Sacramento State campus is closed. Annual Event Scheduling Timelines: February 1st for summer requests; June 1st for fall requests; October 1st for winter and spring requests. This form is for campus customers only. Community organizations must contact Space Management directly for requirements to use of University facilities – 60 days' advance notice is required.