THE UNIVERSITY OF ALABAMA OFFICE OF FACILITIES AND GROUNDS APPLICATION FOR USE OF CAMPUS GROUNDS

Name of Applicant:		Phone No.:		
Local Address:		E-mail	E-mail:	
City:		State:	Zip:	
Representing (S	self/Name of UA Org	g. or Dept.):		
Office/Position	n Held in Org./Dept.:			
UNIVERSITY	Y ACCOUNT NUM	BER:		
(Attach a camp *At NO TIME	us map if necessary. I will unauthorized veh	If event is on the Quad, please specify nicles be allowed on the Quad for any	reason.	
		TO ATTEND:		
DATE OF USE: (Generally, The event to be pro	Office of Landscape	and Grounds must have at least a 10	To: business days notice for the	
If this is a recur	ring event, please list	the other dates and times:		
DATE OF USE:		Time — From:	To:To: To:To:	
PURPOSE for w	hich Use of Grounds	is being requested?		
		OUND EQUIPMENT? Yes No		
(if yes , please d	escribe equipment)			
		y, build, or erect any STRUCTURES ?		

given away during the event?

Will the food be sold

or

9.	Will there be ALCOHOL at this	event? 🗆 Yes 🗆 No			
10.	HEALTH & SAFETY STANDARDS/LIABILITY: I understand that this event must meet all health and safety requirements of the University, City and County of Tuscaloosa, and State of Alabama and agree to ensure conformity with all such requirements.				
	I further agree to take full responsibility to manage this event in such a way as to comply fully with UA's policy relating to the Use of University Space, Facilities & Grounds; the General Terms and Conditions; and all other relevant University policies and procedures.				
	to pre-event condition. In the University will assess the real performing the labor), damped departments, such reasonable above. For individual faculitemizing the amount I owe, in the invoice. If I fail to pay	te event that I fail to return sonable costs of labor (anages, clean-up and repe costs will be assessed to the and I agree to be personate invoice within seven the invoice to be satisfied by	I with this event, and to return the grounds on the grounds to pre-event conditions, the at a minimum of four (4) hours per person pairs. For University organizations and to the University Account number provided the University will provide me an invoice nally responsible for the amounts set forth a (7) days of the University issuing it to me, by payroll deduction (including a lump sum		
	Applicant Signature:		Date:		
	Applicant Printed Name:				
11.	Will CHILDREN (age 0-17) be participating in or attending your event? □ Yes □ No				
	If yes, will the children be super □ Yes □ No	vised at all times during the	e event by a parent, guardian, or teacher?		
	Depending on the type of event proposed, there may be other forms or steps in addition to this one—and other offices to contact—before the event can be considered for approval. If you are a student organization, you will need to register your event with The SOURCE utilizing the Online Event Planning Form.				
		* *	*		
	Should you have questions, please refer to UA's Grounds Use Permit website.				
	Please return your completed A	pplication and any required	l certifications to:		
	Box 87029	rector of UA Facilities Op 4 • 1204 14 th Street • Tus 5-348-6777 • groundsper	·		
	Office Use Only:	_	_		

Will the food be home cooked or catered?