

APPLICATION FOR USE OF EMU FACILITIES AND SERVICES

Please complete the following application and return to the Auxiliary Services Office without delay so that your request can be processed as quickly as possible. It is highly recommended that our office *receives* your completed application *at least one month prior to your event if at all possible*. Upon receipt of your application, a contract or letter of agreement will be drawn up based on the information provided in your application. Remember, the sooner you let us know your plans, the better chance you will have of attaining the facilities you request as we must also consider other groups' interests and work around existing reservations. Your requests/schedule can be revised at a later date; **however, any revisions to this application must be received at least two weeks prior to your event. Changes made later than this will be accommodated if possible but will not be guaranteed.**

A non-refundable application fee of \$25.00 is required with this application—**this application fee is in addition to your facility rental fees**. Checks can be made out to EMU. Return this application to: Auxiliary Services, 1200 Park Road, Eastern Mennonite University, Harrisonburg, VA 22802. Please call the Auxiliary Services Office at (540) 432-4663 if you have questions about the application process.

****EMU does reserve the right to terminate rental agreements in the case that a University sponsored function requires the use of the space requested by the rental client. In such cases, the University will work with the rental client to find a comparable space or solution.**

1. **Contact Person:** _____ **Title:** _____

Phone #: _____ **E-mail:** _____

Address: _____

2. **Organization/Name:** _____

3. **Type of Event:** _____ **Est. Attendance:** _____

(Please include a brief description):

4. **Requested Dates/Times:**

5. Room/Spaces & Times Requested:

(Please visit <http://www.emu.edu/conferences/> for more information)

Space Requested: Begin set up: Meeting start: Meeting end: Finish tear down:

_____ Times: _____

_____ Times: _____

_____ Times: _____

_____ Times: _____

_____ Times: _____

6. Special needs/requests (room set up, AV equipment, etc):

7. Food Services:

If you wish to have food services available please complete applicable items #7 a, b, c, & d below. *Please note standard meal times (Breakfast 7:00 – 8:00 a.m./Lunch 12:00 – 1:00 p.m./Dinner 5:00 – 6:00 p.m.)* Assigned times may vary based on group size and schedule.

a. First meal: ___/___/___ Breakfast_____ Lunch_____ Dinner_____

Date

Last meal: ___/___/___ Breakfast_____ Lunch_____ Dinner_____

Date

b. Number of Meals Persons/Meal

Breakfast _____ _____

Lunch _____ _____

Dinner _____ _____

c. If the number of people being served or the number of meals served varies from day to day, please explain in detail:

d. Special Catering Requests (catered banquets, coffee breaks, etc):

8. Lodging:

If you wish to have lodging available please complete applicable items #8 a, b, c, & d below.

a. First night: ___/___/___ estimated number to lodged: _____
Date

b. Last night: ___/___/___ estimated number to lodged: _____
Date

c. If the number of people being lodged during this time span will vary, please explain in detail:

d. Lodging Preferences (choose one):
Only AC ____ Only non-AC ____ Both AC & non-AC ____

Thank you for choosing EMU as the venue for your event!