**REQUEST FOR USE OF UNIVERSITY FACILITIES**

**University of Pittsburgh**

**Procedure 04-01-01**

Note: University reserves the right to limit the amount of space per event and determine the security needs. Please print or type.

**Confirmation Reference # ________________**

Complete request must be received by the appropriate reservation center at least 2 weeks prior to event.

<table>
<thead>
<tr>
<th>Date of Request:</th>
<th>____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) of Event:</td>
<td>________________</td>
</tr>
</tbody>
</table>

**University Facility or Facilities Requested and Room #s (if known):**

- ______________________________________________________________________
- ______________________________________________________________________
- ______________________________________________________________________

<table>
<thead>
<tr>
<th>Number of Seats in Each Room Requested:</th>
<th>________________</th>
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</thead>
</table>

**Event Start Time:______________ □ AM □ PM**  **Event End Time:______________ □ AM □ PM**

**Set Up Time:______________ □ AM □ PM**  **Take Down Time:______________ □ AM □ PM**

**If additional space is needed, please attach a separate list of details.**

<table>
<thead>
<tr>
<th>Requestor’s Name (Print):</th>
<th>__________________________________________</th>
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</thead>
<tbody>
<tr>
<td>Address:</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>Telephone:</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>Fax:</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>Email:</td>
<td>__________________________________________</td>
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<table>
<thead>
<tr>
<th>University Sponsor’s Name (Print):</th>
<th>__________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>Campus Telephone:</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>Fax:</td>
<td>__________________________________________</td>
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<tr>
<td>Email:</td>
<td>__________________________________________</td>
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<table>
<thead>
<tr>
<th>Affiliation (check one): □ Faculty □ Staff</th>
<th>Department: ____________________________________</th>
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<table>
<thead>
<tr>
<th>University Account Number:</th>
<th>(All sponsored Non-University groups must use Subcode 4910.)</th>
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<table>
<thead>
<tr>
<th>Signature of University Sponsor:</th>
<th>__________________________________________</th>
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</table>

If academic department, signature of *Department Chair* or *Dean* is required. If administrative department, signature of *Responsibility Center Head* is required.

<table>
<thead>
<tr>
<th>Signature of Senior Administrator:</th>
<th>__________________________________________</th>
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</table>

**For official user only:** □ Approved  □ Approved with exception(s) noted below  □ Not Approved

<table>
<thead>
<tr>
<th>Exception(s):</th>
<th>__________________________________________</th>
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<table>
<thead>
<tr>
<th>Amount to be Charged:</th>
<th>________________</th>
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<table>
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<tr>
<th>Signature:</th>
<th>Date:</th>
<th></th>
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</thead>
</table>

**FORM 0017 (0208)**
Confirmation Reference # ___________________

| Nature of Event: □ Concert   □ Reception   □ Dance   □ Lecture   □ Film   □ Meeting |
|---------------|----------------|-------------|-------------|-------------|-------------|
|               □ Other   Specify: ________________________________________________________________ |

Brief explanation of event: ________________________________________________________________

Who is the speaker?_____________________________________________________________

How many are estimated to attend?____________________________________________________

Is admission being charged or is anything being sold?  □Yes  □ No

Will food or beverage be served?  □Yes  □ No  Food is not permitted in classrooms.

Will there be entertainment?  □ Yes  □ No

Are special services requested?  □ Yes  □ No  If yes, please see contact phone listing on Page 3.

Media needs?  □ Yes  □ No  If yes, specify _______________________________

Please check those in attendance:

□ University Administration  □ University Faculty  □ University Staff
□ University Students  □ Alumni  □ University Donors
□ University Group  Name of group:____________________________________________________
□ News Media
□ Non-University Group (Go to Section 1)
□ Other Specify:_____________________________________________________________________

Section 1 (MUST BE COMPLETED IF SPACE IS BEING REQUESTED FOR A NON-UNIVERSITY GROUP)

Name of group:________________________________________________________

Is this a non-profit organization?  □Yes (Must be able to provide proof)  □No

What is the purpose for requesting a University of Pittsburgh facility?

Has this organization held an event previously at the University of Pittsburgh?  □Yes  □ No

If "Yes", please state when._______________________________________________________

**Insurance Requirements for Non-University Groups:**

- Workers' Compensation: Statutory
  - Employer’s Liability: $100,000 each accident, $500,000 disease-policy limit, $100,000 disease-each employee
  - Comprehensive General Liability, including but not limited to contractual, products. Broad form property damage, personal injury, host liquor and independent contractors liability $1,000,000 combined single limit for bodily injury and property damage per occurrence.
  - OR
  - Commercial General Liability: $1,000,000 each occurrence
    - $2,000,000 general aggregate
    - $1,000,000 products/completed operations
    - $1,000,000 personal and advertising injury
    - $50,000 fire damage (any fire)
    - $5,000 medical expense (any one person)

- Automobile Liability: including hired car and non-owned automobile $1,000,000 combined single limit for bodily injury and property damage per accident.

Questions may be directed to the Office of Risk Management & Insurance 412-624-0621.
Fees for Non-University Groups

Requestors will be notified of the University’s decision to permit the extracurricular use of the University facilities.

- A fee for the use of the room or area is charged for use by non-university groups. **This form and your payment should be submitted to the University Sponsor.** Payment made payable to the **University of Pittsburgh** must accompany each request for use of a University facility. The fees are as follows:
  - $50.00 - Classroom space up to 100 seats. Fee assessed per classroom per day.
  - $100.00 – Classroom space over 100 seats. Fee assessed per classroom per day.
  - $250.00 – Other special areas assess a fee that provides for access to the facility for up to three hours. (If application is not approved, the fee will be returned.)
- *Exempt from the fee are certified student groups and recognized academic functions.*
- Additional fees for services, security and damages will be charged where applicable.
- You may obtain a copy of University of Pittsburgh Policy 04-01-01, Extracurricular Use of University Facilities, on-line at [http://www.bc.pitt.edu/policies/policy/04/04-01-01.html](http://www.bc.pitt.edu/policies/policy/04/04-01-01.html).
- All fees will be billed to the University account number of the Department Sponsor.
- **No refunds** for cancellations.

**IMPORTANT: PLEASE READ AND SIGN BELOW**

I understand that filing this application does not obligate the University of Pittsburgh in any way. I understand that the information is the property of the University. I certify that the information contained in this application and supplemental materials is complete, truthful, and accurate to the best of my knowledge.

- The approved form is authorization to use the requested space. It is necessary to have the form in your possession at the event. The form is not valid without the authorized signatures.
- **Sponsor must attend event. In the case of multiple sites, a sponsor must be present at each site.**
- It is understood that the University will require reimbursement for any additional maintenance and security cost, and/or any damages incidental to the additional use. The account of the sponsoring department will be charged accordingly.

Requestor’s Signature ___________________________ Date ____________

Confirmation Reference # ________________________

Department Sponsor please forward to the appropriate Reservation Center:

**Office of the University Registrar**
220 Thackeray Hall
Pittsburgh, PA 15260
412-624-7640 or 412-624-7641, Fax: 412-624-7603

**Office of Special Events**
1200 Bruce Hall
Pittsburgh, PA 15260
412-624-7100, Fax: 412-648-1497

**Office of the Executive Vice Chancellor**
124 Cathedral of Learning
Pittsburgh, PA 15260
412-624-4247, Fax: 412-624-5000

**William Pitt Union**
M2 WPU
Pittsburgh, PA 15260
412-648-7817, Fax: 412-624-4011

**University Catering Must Be Used For All Food and Beverages.** Food and beverages **not permitted** in classrooms.

Please initiate contracts with any of the following special services if needed for your event:

- **Department of Parking, Transportation, & Services** 412-624-8877
- **Disability Resources & Services** 412-648-7890
- **Facilities Management (Furniture, Tables & Chairs)** 412-624-8809
- **Media Services for classrooms (Center for Instructional Development & Distance Education)** 412-648-7240
- **Media Services for Scaife Hall classrooms (UPMC Medical Media Services)** 412-647-5050
- **Media Services for William Pitt Union rooms (Technical Services)** 412-648-7821
- **University Catering** 412-648-2302
- **University Police** 412-624-4043 or 412-624-2121