

Date of request: ____/____/____

Request # _____

BEMIDJI STATE UNIVERSITY

rev. 7/05

Campus Scheduling Office ♦ Campus Recreation ♦ Bemidji State University
1500 Birchmont Drive Box # 29 Bemidji ♦ MN ♦ 56601-2999
Duane Biehn ♦ Telephone: (218) 755-4140 ♦ Fax: (218) 755-4363

REQUEST FOR UNIVERSITY FACILITIES AND CALENDAR CLEARANCE

(Please type or print legibly with ink pen)

Facility/Building/Room Number _____

Name/Type of Activity _____

Date(s) of Event ____/____/____ Event start time: _____ am pm Event end time: _____ am pm

Day(s) of Week M T W Th F S Su Unlock doors at: _____ am pm Lock doors at: _____ am pm

Requestor _____ Address: _____

Phone (____) _____ Fax _____

E-mail _____

Bill To: _____ Campus Account Number: _____

Billing Address (if other than above) _____

User designation: ____ University ____ Government ____ Fundraising ____ Public Service ____ Other _____

Estimated # of participants _____ For youth activities-participants age range _____ Number of adult supervisors _____

Physical Setup, Audiovisual & Technology Needs (include all needs at time of request) _____

Tables _____ Chairs _____ Janitorial _____ Security _____ Bleachers in/out _____ Concession Form _____
Stage Sections _____ Choir Risers _____ Buildings & Grounds _____ Parking Permits _____ Recreation Supervisor _____ Insurance _____
(size) _____ Band shell _____ Electrician _____ Bemidji Police _____ Lifeguard _____ Liability Waiver _____

Signature of Advisor or Organization's Representative: _____ Date: _____

To make food service arrangements call Campus Dining: 444.7576.

			Charges estimated by:	Date:
Estimated	Rental Fee	\$ _____	_____	_____
Charges:	Custodial – Maintenance	\$ _____	_____	_____
	Equipment Rental	\$ _____	_____	_____
	Personnel Charges	\$ _____	_____	_____
	Campus Security	\$ _____	_____	_____
	Other: _____	\$ _____	_____	_____

Scheduling Office distribution:

____ Gen. Maint.

____ Security

____ Buildings & grounds

____ Heating plant

____ PE Equip. Room

____ Aramark

____ ATC

____ Requestor

____ Accounts Receivable

cc: _____

TOTAL ESTIMATED CHARGES \$ _____

Invoice # _____ Invoice Amount \$ _____ Date of Deposit _____ Receipt # _____

In most cases, calendar clearance may be given within 24 hours; however, allow 2 weeks for processing. Bemidji State University reserves the right to cancel reservations when the facility is needed for university purposes...normally 60 days notice will be given.

Facility Clearance Approval: _____ Date: _____

Scheduling Office Approval: _____ Date: _____