

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:
<b>Estimated</b>	Rental Fee	\$ _____	_____	_____
<b>Charges:</b>	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: \_\_\_\_\_