



THE WESLEY

SOUTHWESTERN OKLAHOMA STATE UNIVERSITY

FACILITY USAGE REQUEST & AGREEMENT

ORGANIZATION:

REPRESENTATIVE NAME:

REP. PHONE:

REP. EMAIL:

DAY & DATE(S) OF EVENT:

TIME OF EVENT:

IS THIS A RECURRING EVENT: YES NO

IF YES, WILL IT BE THE SAME DAY & TIME: YES NO

ROOMS YOU ARE REQUESTING: RECREATION ROOM CHAPEL DINING HALL LIBRARY

ARE YOU A SWOSU STUDENT OR ORGANIZATION AT SWOSU? YES NO

I FULLY UNDERSTAND THAT NO RESERVATION IS CONSIDERED MADE UNTIL THIS FORM IS RETURNED AS APPROVED AND SIGNED BY THE WESLEY EXECUTIVE DIRECTOR/CAMPUS MINISTER.

I UNDERSTAND AND AGREE THAT I HAVE READ AND WILL ABIDE BY THE SWOSU WESLEY FOUNDATION FACILITIES AND PROCEDURES MANUAL, AND THAT FAILURE TO DO SO MAY RESULT IN THE TERMINATION OF MY EVENT AND/OR THE TERMINATION OF ANY FUTURE EVENT.

IF I AM A SWOSU STUDENT OR SWOSU ORGANIZATION, I UNDERSTAND THAT THOUGH NO COST IS BEING CHARGED FOR THE UTILIZATION OF THE REQUESTED SPACE, ANY DAMAGE BEYOND NORMAL WEAR AND TEAR OF THE RESERVED SPACE MAY RESULT IN THE ENDING OF THE RESERVATION AND/OR THE REFUSAL OF FUTURE RESERVATIONS, AND/OR THE BILLING OF THE REQUIRED DEPOSIT, FEES, AND COST TO REPAIR DAMAGES.

IF I AM NOT A SWOSU STUDENT OR SWOSU ORGANIZATION, I UNDERSTAND AND AGREE TO PAY A DEPOSIT AND FEE OUTLINED IN THE FACILITIES AND PROCEDURES MANUAL.

WESLEY STAFF ONLY: APPROVED DENIED

ORGANIZATION REPRESENTATIVE
SIGNATURE & DATE

WESLEY DIRECTOR
SIGNATURE AND DATE