REQUEST FOR USE OF KAY SPIRITUAL LIFE CENTER

Contact

Department/Organization Making Request_____

☐ Student ☐ Faculty/Staff Organization ☐ Off-campus Non-profit Organization

Contact Person _____ Date _____
Address _____ Phone _____
City/State/Zip _____ Fax _____
Tax Exempt # _____ Email _____

Event

Space/Facility Requested: ☐ Kay Chapel ☐ Kay Lounge ☐ Kitchen
Name of Event _____
Day and Date Needed _____
Time Needed (inc. set up and clean up) Event Start/End Times
Number of People Expected to Attend Admission Charge?

Please Indicate any general services needed* for your event:

☐ Support Services (Room Arrangement, Tables, Chairs, etc.)
☐ Parking and Traffic (Special Needs)
☐ Physical Plant (Electrical Services, Trash Receptacles, Clean-Up)
☐ Audio-Visual (Projectors, Microphones)
☐ Security (Security Notification, Personnel)

*Please note that there many be additional costs for the general services listed above.

Signature

I have read the provisions on the back of this form and agree to comply with them. I understand that my reservation is not confirmed until I receive a copy of this form approved by the Kay Spiritual Life Center Operations Administrator.

_____ / _____ _____
Signature of Requestor Date Signature of Sponsor (if Requestor is not AU-affiliated, but event is AU-sponsored)

Kay Center Office Use Only

Fees**
☐ Payment not applicable (AU or AU-sponsored group)
☐ Chapel: $200/hour non-AU, $100/hour AU-affiliated
☐ $85 Chapel Aide

Total Balance Due: _____

Payment in full must be received no later than two weeks before an event in order to guarantee the reservation. Make checks payable to American University.

**Fees are expense offsets to the annual operations of the Kay Spiritual Life Center.

☐ APPROVED ☐ DENIED _____ _____
Kay Spiritual Life Center Operations Administrator Date