

## Facility Use Agreement Request Form

User Organization is \_\_\_\_ or is not \_\_\_\_ (check one) part of the University of Wisconsin Madison

Program Description:

Rehearsal Times:

Performance Dates and Times:

Expected Attendance:

Who is the primary person responsible for the contract for this event?

Name:

Address:

Phone:

If the organization is part of the University of Wisconsin-Madison give the UDDS for payment of Facility Use Fees:

This UDDS may be charged for costs incurred if the event is cancelled. If the organization is not part of the University of Wisconsin-Madison a payment of a deposit is required.

Name of person signing Facility Use Agreement (If part of the University of Wisconsin-Madison should be director or chair of the unit):

Location for Facility Use Agreement to be sent for signature: