



Facility and Equipment Request Form

(FERF)

Submit to Facilities Reservations – fres@csuchico.edu or Zip 225

CALIFORNIA STATE UNIVERSITY, CHICO

Is this an ORIGINAL Request or an UPDATE ?

Today's Date: _____

PART I – EVENT INFO - Must be filled out by Requestor

Event Name: _____ Event Date(s): _____

Facility Requested/Event Location (please indicate if already reserved): _____

Event Time: _____ to: _____ (Facility Needed: _____ to: _____)

Brief description of event and envisioned result: _____

Will any outside vendors/groups participate? No Yes – Vendor/Group Name _____

Public invited? Yes No Admission Fee? Yes No Fundraiser? Yes No Expected Attendance: _____

On Campus Requestor: (please complete info)

Requestor: _____ Dept/Group: _____ Ext: _____ Zip: _____

E-mail: _____ Responsible Party at Event: _____ Cell #: _____

Student Group or Off Campus Requestor: (please complete info)

Requestor: _____ - Address: _____

Organization: _____

E-mail: _____ - Phone: _____

Responsible Party at Event: _____ Cell #: _____

What is the funding source for this event? (Completion required to process request)

State Funded (General Fund) Chartfield: _____ State Self Support /Auxiliary Funded (Univ Affiliated) Project _____ Object _____ Community/Civic Non-Profit (Non Affiliated) Private/Commercial (Non Affiliated)

PART II – EQUIPMENT/SERVICES REQUEST - To be completed if special equipment /services are requested. Please attach instructions/diagrams if applicable. Additional forms may be required. **Forms available at the Facilities Reservations website: <http://www.csuchico.edu/fres>

Please Note: FMS requires 10 working days (Monday – Friday only) advance notice for equipment and services.

MOVER/CUSTODIAL SERVICES (Facilities Management Services - FMS)

Equipment – Indicate quantities below:

- 6' Tables (on-campus only) - Qty: _____
- Folding Chairs - Qty: _____
- 60" Round Tables (on-campus only) - Qty: _____ LIMIT 12
- Trash Cans - Qty: _____ Extra Liners – Qty: _____
- Podium Qty: _____

Equipment Drop Off/Pick-up by FMS (7:00 am – 3:00 pm ONLY)

Drop Off: Date _____ Time _____

Pick Up: Date _____ Time _____

Request Set-up/Teardown by FMS.

* Prior approval required - charges will apply. Only available in CLSA/KNDL

Restroom Servicing (other than regular campus schedule – charges apply)

Time(s) _____

RECYCLING SERVICE (Free service provided by AS Recycling)

HEATING AND COOLING (FMS)

- Indicate dates and times that heating/cooling is needed:

Date _____ Time _____

Date _____ Time _____

MISC SERVICES (Please complete additional form if noted.)

- Food - Prep/Cook (Complete-Application for Food Serving Permit**)
- BBQ Safety Equipment (SLL - BMU 220)
- Campus Tent (Complete-Campus Tent Request Form**)
- Public Address (PA) System Self-Supported – No Cost (use link below) (3 Pieces: Main Speaker Unit, Speaker Extensions & Microphone/stand Includes RCA Cable, Mini-Jack Cable, XLR Cable & Carrying Cases - Reservation Link: <https://library.csuchico.edu/tech-lending>)
- PA System – Staff Supported – Delivered & Set-up - \$64/CAF (Add'l charges if Tech is needed at the event to operate equipment.) Complete-**AV Technology/Theatre Use Planning Form****)
- Other Media (microphone, speakers, projector, DVD/CD player, etc.) (Tech Lending - <https://library.csuchico.edu/tech-lending>)
- Theatre Use – PAC Theatres and LAXS (Complete-**AV Technology/Theatre Use Planning Form****)

OTHER _____

OFFICE USE ONLY

PART III

Form of payment: AO # _____ SAO # _____ CAF # _____

Service Center Approvals (if required)

_____ Name: _____ Date: _____

Signature/Date:

Student Activities Associated Students

Facilities Reservations (Facility Confirmation)