

Building Utilization Form

Edward Waters College
1658 Kings Road, Jacksonville, Florida 32209-6199
(904)470.8247 Email: l.stephens@ewc.edu

Please submit with appropriate signatures and all pertinent information to the Office of Finance, Administration & Business Innovation
4th Floor – Lee Cousin building fourteen (14) days prior to the date of the event.

NATURE OF EVENT: _____

DATE OF REQUEST: _____

ORGANIZATION: _____

ADMISSION PRICE: _____

ORGANIZATION REPRESENTATIVE: _____

CONTACT NUMBER: _____

STREET ADDRESS: _____

OF ATTENDEES: _____ to _____

DATE OF USE: _____ TO: _____

TIME: _____ to _____

FACILITIES REQUESTED:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Adams-Jenkins Center | <input type="checkbox"/> George Collins (SUB) | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Baker Suite Conference |
| <input type="checkbox"/> Atrium | <input type="checkbox"/> Milne Auditorium | <input type="checkbox"/> Shell-Sweet Center | <input type="checkbox"/> Tiger Grill |
| <input type="checkbox"/> Hatcher-Stewart | <input type="checkbox"/> Centennial Building | <input type="checkbox"/> Adams-Jenkins Foyer | <input type="checkbox"/> Adams-Jenkins Center Conference |
| <input type="checkbox"/> James Weldon Johnson | | <input type="checkbox"/> Center for Prevention of Health Disparities | |

NOTICE

The fee schedule for costs associated with the use of EWC campus facilities is provided with this form. Once the building utilization is completed and received in Business and Finance, as acknowledgement to accept the set charges, EWC will send a rental agreement for payment upon execution as provided within five (5) business days.

FOOD: YES NO

MUSIC: YES NO

EQUIPMENT REQUESTED

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Podium | <input type="checkbox"/> Table # _____ | <input type="checkbox"/> Chairs # _____ | <input type="checkbox"/> Sound system |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Easels | <input type="checkbox"/> TV | <input type="checkbox"/> Police Officers # _____ |
| <input type="checkbox"/> Cover Gym Floor | <input type="checkbox"/> Microphone # _____ | <input type="checkbox"/> VCR Player | <input type="checkbox"/> Security Officers # _____ |
| <input type="checkbox"/> DVD Player | <input type="checkbox"/> Projector | <input type="checkbox"/> Video Camera | <input type="checkbox"/> Ceiling Screen |

* For Information Technology – Please Contact David Simfukwe 904-470-8174

*For Food Services Please Contact: Thompson Hospitality (904) 470.8160 unit27@thompsonhospitality.com

*All organization must have the Student Activities Director's signature before approval

_____ Signature of Requestor	_____ Print Your Name	_____ Date	_____ Phone Number
_____ Signature of Campus Advisor/Department Head	_____ Print Your Name	_____ Date	_____ Phone Number
_____ Signature of Activities Director	_____ Print Your Name	_____ Date	_____ Phone Number
_____ Signature of Building Manager	_____ Print Your Name	_____ Date	_____ Phone Number
_____ Signature of Assistant Vice President	_____ Print Your Name	_____ Date	_____ Phone Number