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:

□ Adams-Jenkins Center □ George Collins (SUB) □ Cafeteria □ Baker Suite Conference
□ Atrium □ Milne Auditorium □ Shell-Sweet Center □ Tiger Grill
□ Hatcher-Stewart □ Centennial Building □ Adams-Jenkins Foyer □ Adams-Jenkins Center Conference
□ James Weldon Johnson □ 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

□ Podium □ Table # __________ □ Chairs # __________ □ Sound system
□ Computer □ Easels □ TV □ Police Officers # __________
□ Cover Gym Floor □ Microphone # __________ □ VCR Player □ Security Officers # __________
□ DVD Player □ Projector □ Video Camera □ 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 ____________