



MEMORANDUM TO: Off-Campus Groups

FROM: Office of Business Affairs

Request forms for use of LSU Eunice facilities and premises should be submitted to aduplech@lsue.edu at least two (2) weeks in advance of the scheduled event.

A certificate of liability insurance indicating the amount of insurance coverage should accompany the completed form. The amount of insurance coverage required is as follows:

Non-athletic events -- \$ 300,000

Athletic events ----- \$ 1,000,000

The form cannot be **approved** or **processed** until the **Certificate of Insurance** has been received. We advise you not to publicize any information about holding an event at LSU Eunice until you have received your approved copy from us. To indicate our approval, a copy of the signed form will be e-mailed to you.



LSU EUNICE AFFIRMATIVE ACTION/EQUAL OPPORTUNITY POLICY

Louisiana State University Eunice adheres to the principle of equal education, employment and promotion opportunity without regard to race, creed, color, national origin, sex, age, handicap, or veteran's status. The University is dedicated to the philosophy of providing opportunity for full participation and representation in all segments of its operation to every individual who possesses the required training and experience.

The University will provide equal opportunity for all qualified and qualifiable persons, and will promote the realization of equal opportunity through positive, continuing training programs in all applicable departments.

_____ recognizes
the LSU Eunice commitment to affirmative action/equal opportunity. Further, it recognizes that
LSU Eunice is a state-operated institution.

_____ does not
discriminate in its membership, employment, activities, or in any other facets of its operation
of the basis of race, creed, color, national origin, sex, age, handicap, or veteran's status.

Requestor's Signature

Date



Request for Use of LSU Eunice Pool

P. O. Box 1129 • Eunice, LA 70535

Phone: (337) 550-1227 • Fax: (337) 550-1450

***Requests should be submitted at least two weeks in advance.**

IMPORTANT: Certified lifeguards approved by the university are required to be on duty at all times when the pool is in use. Please **complete** and **attach** this form to the “*Request for Use of LSU Eunice Facilities and Premises.*” You will be notified of the university’s ability to accommodate your request.

Name of Group or Organization: _____

Contact Person: _____

Phone Number: _____ Email: _____

Number of Adults Swimming (*Age 18 and over*) _____

Number of Children Swimming (*Ages 13 – 17*) _____

Number of Children Swimming (*Ages 9 – 12*) _____

Number of Children Swimming (*Ages 0 – 8*) _____

Number of adult **Supervisors** accompanying children _____

TOTAL Number of People Who Will be **Swimming** _____

Approved

Approved w/Conditions

Denied w/Explanation

Conditions/Explanation:

Request for Use of LSU Eunice Facilities and Premises

*Requests should be submitted at least two weeks in advance.

P. O. Box 1129 • Eunice, LA 70535

Phone: (337) 550-1227 • Fax: (337) 550-1450

Organization Sponsoring Event:

Name of Event:

Date(s): Time of event: from: to:

Additional Times Needed (rehearsal, setup, etc.):

Contact Person: Email:

Address:

Phone Number: Fax Number:

Room: Indicate specific room(s)

Is activity open to the general public: Anticipated Attendance:

Will an admission be charged: If yes, how much per person:

Are visitor parking permits needed? If yes, how many?

Set-up Instructions:

Special Equipment:

Regulations governing the use of LSU Eunice facilities:

1. Off campus users will be required to reimburse the University for the cost of utilities, catering, janitorial, and security services, lifeguard pay, and any other direct costs.

2. The user(s) of University facilities or premises will not hold the University or any of its employees responsible for any accidents, bodily injury, or damage occurring in the preparation of, during, or after the use of facilities.

Off-campus groups must submit proof of adequate liability insurance (\$300,000 for non-athletic events or \$1,000,000 for athletic events)

LSU Eunice reserves the right to increase limits.

3. Facilities/premises must be left in the same condition as previously existed, and the user(s) must accept responsibility for any damages occurring during the use of University property.

4. LSU Eunice reserves the right to refuse any request for use of its facilities/premises.

5. Pool use: 1 adult/10 children or 1 adult/6 children (below 3rd grade).

6. LSUE is a tobacco free campus. The use of tobacco products is prohibited.

Signature of Individual Requesting Use of Facility:

Date:

Vice Chancellor for Business Affairs:

Facility Cost:

ORGANIZATION: _____
 CONTACT PERSON: _____
 ADDRESS: _____

 E-MAIL: _____
 PHONE: _____
 FAX: _____

CONTRACT#: _____
 DATE OF EVENT: _____
 BUILDING: _____
 ROOM: _____
 GUEST COUNT: _____
TIMES
 SET-UP: _____
 SERVICE: _____
 EVENT BEGINS: _____
 EVENT ENDS: _____

MENU

QUANTITY	ITEM	PRICE/ITEM	TOTAL

PLATES:	paper	plastic	china	ceramic
GLASSES:	paper	plastic	glass	
UTENSILS:	silver	plastic		
LINENS:	paper	cloth		
DRINKS:	water	tea	soda	coffee

Unless noted, plastic will be served

Tablecloths will be placed on food tables only unless requested otherwise.

SETUP NOTES

Please sign contract only when satisfied with finalization. Outside organizations must present checks within 30 days after the scheduled event has occurred.

Please review methods of payment for correct billing procedures, and call within 24 hours of receipt of this contract. Guests count must be guaranteed 72 hours in advance. Any charges made after the receipt of this contract may be subject to additional charges. Left over food items are the property of the purchaser. A replacement fee may be applied to all rentals for at the conclusion of the event. Cancellation less than 72 hours of the event may result in a 10% surcharge of the contract.

INVOICE SUBTOTAL	
FLORAL	
ATTENDANT FEE	
LINEN FEE	
CHINA FEE	
CHANGE FEE	
AFTER HOURS	
TAX	
TOTAL DUE	

CLIENT SIGNATURE: _____

DATE: _____

ALL INVOICES MUST BE PAID IN 30 DAYS.