



Office of  
**The Chancellor**

**MEMORANDUM TO:** Off-Campus Groups

**FROM:** Patricia Spears  
Administrative Coordinator 2

Request forms for use of LSU Eunice facilities and premises should be submitted to the Chancellor's Office 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 mailed to you.



(Off-campus groups must complete this form)

**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.

\_\_\_\_\_  
Officer’s Signature/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Request for Use of LSU Eunice Pool**

P. O. Box 1129 • Eunice, LA 70535

Phone: (337) 550-1395 • Fax: (337) 546-226

**\*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** \_\_\_\_\_

\*\*\*\*\*

**For Office Use Only**

\_\_\_\_ **Approved**      \_\_\_\_ **Approved w/Conditions**      \_\_\_\_ **Denied w/Explanation**

Conditions/Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Coordinator of Student Activities

\_\_\_\_\_  
Date

**Request for Use of LSU Eunice Facilities and Premises**

P. O. Box 1129 • Eunice, LA 70535

Phone: (337) 550-1222 • Fax: (337) 546-6620

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

Organization Sponsoring Event: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date(s): \_\_\_\_\_ Exact time of event: from \_\_\_\_\_ to \_\_\_\_\_

Additional Times Needed (rehearsal, setup, etc.): \_\_\_\_\_ Arrival time: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Person to Invoice: \_\_\_\_\_ Email: \_\_\_\_\_  
If different from above

Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

- Room:**  Gym  Pool  Conference room  Computer Lab  North or South Commons  
 Video Conference  Science Auditorium  Conference center  Health Tech Auditorium  Community Ed Auditorium  
 Classroom
- If you have a specific room(s), please indicate the room(s) \_\_\_\_\_

What is the anticipated attendance? \_\_\_\_\_ Is activity open to the general public? \_\_\_\_\_

Will an admission be charged? \_\_\_\_\_ If yes, how much per person? \_\_\_\_\_

Is any special equipment (smart cart, projector, etc.) or set up (platform, table/chair arrangements) required?

\_\_\_\_\_ If yes, please indicate type below. (You may attach a diagram)

\_\_\_\_\_ If sound system is needed, you must contact Dr. Jackson at 550-1395 at least one week before event

\_\_\_\_\_ If Health Tech Auditorium is needed, Contact Dr. Baltakis at 550-1326 at least one week before event

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

**Regulations governing the use of LSU Eunice facilities:**

- 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.
- 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.
- 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.
- LSU Eunice reserves the right to refuse any request for use of its facilities/premises.
- Pool use: 1 adult/10 children or 1 adult/6 children (below 3rd grade).
- LSUE is a tobacco free campus. The use of tobacco products is prohibited.

\_\_\_\_\_  
Vice Chancellor for Enrollment Management (for student groups only)

\_\_\_\_\_  
Signature of Individual Requesting Use of Facility

\_\_\_\_\_  
Chancellor's Office (for reservation of facilities)

\_\_\_\_\_  
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	
<b>TOTAL DUE</b>	

CLIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**ALL INVOICES MUST BE PAID IN 30 DAYS.**