



MEMORANDUM TO: Off-Campus Groups

FROM: Patricia Gaspard

Request forms for use of LSU Eunice facilities and premises should be submitted to pspears@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) 550-1222 • 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:

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.