

## MEMORANDUM TO: Off-Campus Groups

FROM: Office of Business Affairs

Request forms for use of LSU Eunice facilities and premises should be submitted to <u>cardoin@lsue.edu</u> 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 Organ	ization:	
Contact Person:		
Phone Number:	Email:	
Number of Adults Swimn	ning (Age 18 and over)	
Number of Children Swin	nming (Ages $13 - 17$ )	
Number of Children Swin	$nming (Ages 9 - 12) \_$	
Number of Children Swin	nming (Ages $0-8$ )	
Number of adult Supervis	sors accompanying children	
TOTAL Number of Peop	le Who Will be <b>Swimming</b>	
******	*******	******
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 Spons	soring Event:		
Name of Event:			
Date(s):		Time of event: from:	to:
Additional Times N	Needed (rehearsal, setur	o, etc.):	
Contact Person:		Email:	
Address:			
Phone Number:		Fax Number:	
Room:	Indicate specific ro	pom(s)	
Is activity open to t	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	5:		

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:

# **LSUE** | Dining

Jed Joubert - Director

Office: 337-550-1280

Chartwe	ls/LSUE
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jed.joubert@compass-usa.com

Cell: 318-664-0684

ORGANIZATION:	CONTRACT#:	
CONTACT PERSON:	DATE OF EVENT:	
ADDRESS:	BUILDING:	
	ROOM:	
	GUEST COUNT:	
E-MAIL:	TIMES	
PHONE:	SET-UP:	
FAX:	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 wil be placed on food tables only unless requested otherwise.

#### **SETUP NOTES**

Please sign contract only when satified with finialization. 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 guarnteed 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.

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

CLIENT SIGNATURE:

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

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