



Ley Student Center  
Rice Memorial Center  
Chapel & Cloisters

## Facilities Use Agreement

Individual/ Organization:\_\_\_\_\_

Contact Person (if Organization):\_\_\_\_\_

Address:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

Office Phone:\_\_\_\_\_ Cell Phone:\_\_\_\_\_

Email:\_\_\_\_\_

Event Type:\_\_\_\_\_

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

Date:\_\_\_\_\_ Event Time: Start:\_\_\_\_\_ am/pm End\_\_\_\_\_ am/pm

Venue(s):\_\_\_\_\_ Expected Attendance:\_\_\_\_\_

**Catering:** \_\_\_\_Yes \_\_\_\_No Company:\_\_\_\_\_

**Alcohol:** \_\_\_\_Yes \_\_\_\_No Company:\_\_\_\_\_

**Outside Rental Equipment:** \_\_\_\_Yes \_\_\_\_No Company:\_\_\_\_\_

**Responsible Party Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

*Your signature acknowledges your understanding and willingness to adhere to the guidelines outlined in the Chapel Use Policies.*

SC Event Coordinator:\_\_\_\_\_ Date:\_\_\_\_\_

**A non-refundable \$250 deposit must be submitted with this agreement. Check #:**\_\_\_\_\_