

CHICAGO STATE UNIVERSITY

ADMINISTRATIVE OFFICE OF STUDENT UNION BUILDING
Division of Student Affairs

9501 S. King Drive / SUB 240
Chicago, Illinois 60628-1598
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CORDELL REED STUDENT UNION (CRSU) FACILITIES REQUEST FORM UNIVERSITY ORGANIZATIONS, GROUPS, & INDIVIDUALS

(Please type or print)

Department/Organization Name _____

Contact Person _____ Room # _____ Phone# _____

Requested Facilities: Rotunda Fine Dining Quad Area
 Conference Room A Conference Room C Cougar Hut
 Conference Room B Cyber Café Information Booth

Day, Date, Type of Activity/Event _____

Time: From _____ To _____ Estimate Attendance _____

Special need for disabled attendees? Yes No - If yes, please specify _____

Admission Fee \$ _____ Name of Speaker/Performer _____

Will food be served? Yes No Will food or goods be sold? Yes No/ Alcoholic beverages cannot be served in the Cordell Reed Student Union

Food Service Vendor Name: Thompson Hospitality Phone # (773) 995-2264

Will you have guests or speakers from off-campus? Yes No (If so, clubs and organizations please attach a Request to invite individuals to campus).

Describe the room set-up (work-order) and attach a diagram. Physical set-up in the CRSU Conference rooms can only be changed by special permission (additional charges may apply).

The events can be attended by (Check all that apply)

a. Sponsoring organization's membership b. CSU students, faculty and staff, c. General Public

What time should doors be open? For sponsor _____ For Public _____

Is all documentation attached (i.e. Work Orders, Diagrams, etc.) Yes No (SUBMIT 15 DAYS PRIOR TO EVENT)

Completed by Student Clubs and Organizations only

Name of Faculty Advisor, chaperone, etc. who will be in attendance to supervise the activity:

(Print Name and Title)

(Signature)

Office Location/Office Extension _____

Is all documentation attached? (i.e. CRSU Administration Approval Form, Dance Contract, etc.) Yes No

DO NOT PUBLICIZE THIS EVENT UNTIL IT HAS BEEN CONFIRMED!!!

I have read and agreed to abide by the conditions governing the use of the CRSU facilities. Space is confirmed upon receipt of written confirmation from the Administrative Office of the Cordell Reed Student Union.

Signature of Applicant _____ Date _____

Signature of Advisor _____ Date _____

Signature of Student Activities Coordinator _____ Date _____

FOR ADMINISTRATIVE OFFICE OF CORDELL REED STUDENT UNION – USE ONLY

Approved Disapproved Pending Set-up As Is? Yes No Date/Time _____

Reason for Disapproval/Pending _____

*Cost \$ _____ Deposit Amount \$ _____ Balance Due \$ _____
(Balance must be paid 3 days prior to event)

*CSU Clubs/Organizations are exempt from room rental charges only.

Cordell Reed Student Union Administrative Office

Date

Cc: File

Over