## Alumni Memorial Union Event Management
### Outdoor Space Request Form

| Sponsoring Organization/ Department Name: ____________________________ |
| Contact Name: ____________________________ Phone Number: __________________ |
| Event Name: ____________________________ Description of Event: ____________________________ |
| Number of guests expected: ____________ Is this event free or will there be an admission fee/meal fee? Free____ Charge_____ |
| Who is the target audience of this event? ____________________________ |

| Event Date: ____________________________ Start Time: ________ End Time: ________ |
| Rain Date & Rain Plan ____________________________ Note: AMU to determine rain call with customer. |

| 1st Preference Location: ____________________________ 1st Preference Rain site: ____________________________ |
| 2nd Preference Location: ____________________________ 2nd Preference Rain site: ____________________________ |

### Other Details:

1. **Do you plan on having amplified sound at this event?** _____ Yes _____ No
   
   If yes, there is a $30 fee to apply for a noise variance from the City of Milwaukee.
   
   *Note: Not all outdoor spaces can accommodate power needs for amplified sound. See a full-time event coordinator for details.*

   **For Office Use Only:** Date Requested: ________ Approved: ________ Not Approved: ________

2. **Delivery of rented equipments and/or services:** ____________________________

3. **Dining Service Needs:** Yes_____ No_____  *If yes, please explain below:*

   ____________________________

   **Set Up Time:** ____________ **Clean Up Time:** ____________

4. **Security** *(Level of security required, including quantity of staff needed to be present to be determined by AMU.)*

   **Student:** ____________________________ **Public Safety:** ____________________________

5. **Equipment Needs** *(Audio/Visual, staging, tables, etc):* ____________________________

6. **AV-Tech Support**

   | Yes_____ | No_____ |

7. **Recycle/Trash Receptacles**

   | Yes_____ | No_____ |

8. **Ash Barrel**

   | Yes_____ | No_____ |

9. **Parking Needs**

   | Yes_____ | No_____ *(Visitor parking fees may apply.)*

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*Please see reverse side for additional information.*
1. **CONFIRMATIONS:** ACCEPTANCE OF THIS FORM DOES NOT CONSTITUTE A CONFIRMATION OF YOUR REQUEST. The Event Management Office will provide a printed confirmation of your request. PLEASE READ YOUR CONFIRMATION CAREFULLY. It is the customer’s responsibility to notify the Event Management Office of any corrections or additions that need to be made to the confirmation.

2. **SPACE ASSIGNMENT.** The Event Management Office reserves the right to reassign space as necessary.

3. **CHARGES.** All charges for facility, equipment, catering, security, technical assistance, and other fees will appear on your printed confirmation. Other charges and/or adjustments added after you receive your confirmation will be itemized on your invoice or revised confirmation.

4. **CANCELLATIONS.** Different spaces have different cancellation policies. A copy of the Cancellation Policy is available in the Event Management Office. Failure to cancel a reservation according to the policy may result in a cancellation fee.

5. **FOOD/BEVERAGE.** Compliance with existing AMU Food Service Policy is required and failure comply with existing rules may result in loss of future room reservations. A copy of the AMU Food Service Policy is available in the Event Management Office.

6. **RESPONSIBILITY OF SPONSORING ORGANIZATION.** Failure of a group to exercise proper care of facilities may result in cancellation of remaining reservations. Costs of repairs or replacement of damaged facilities, equipment, or excessive housekeeping costs will be billed to the organization. Knowledge and understanding of all AMU Policies and Procedures is the responsibility of the sponsor. Members of the organization must be fully informed by the applicant of the regulations governing reservations.

7. **DEPOSITS.** All functions not sponsored by a University Department or Student Organization require a deposit. Organizations not affiliated with Marquette University are required to provide a 75% deposit of estimated charges due within five working days after receipt of the confirmation. Student organizations may be required to provide a deposit in advance of the event date.

   Sponsoring Organization/Department Signature: ________________________________ Date______________

   Event Management Office Staff Signature: ________________________________ Date______________

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The Event Coordinator working with this event will make arrangements for the following:

*(please include date of request)*

a. Facility Services

b. Public Safety

c. Dining Services

d. Parking Services

e. Other Special Needs