

# Application for Use of University Foothills Lands

REQUEST NO. \_\_\_\_\_

NAME OF UNIVERSITY SPONSOR		TITLE OF EVENT			
EVENT CONTACT PERSON		CONTACT PHONE		OFF-CAMPUS CO-SPONSOR (if applicable)	
EMAIL		FAX		CONTACT PHONE	
TYPE OF EVENT    Class    Research    Dance    Art    Drama    Film    Music    Religious    Sports    Other: (Select one)					
DATES	TIME FROM    TO		DAY(S) OF WEEK	LOCATION (See map)	DESCRIPTION OF ACTIVITY
DESCRIPTION OF EVENT					
ACCESS OFF-ROAD OR AWAY FROM FACILITIES/SITES REQUIRED?					
OPEN TO THE PUBLIC?    HANDICAP ACCESS?    ADMISSION CHARGE?    PRICE?    FUNDRAISER?    PROCEEDS BENEFIT:					
ANTICIPATED ATTENDANCE			NO. NON-STANFORD ATTENDEES (Not students, faculty, staff)		
SECURITY REQUIRED		IF YES, POLICE SIGNATURE REQUIRED:			
		<i>POLICE SIGNATURE</i>		DATE	
<b>DAMAGE TO FACILITIES. CLEANUP OR SECURITY SERVICES WILL BE CHARGED TO SPONSORING ORGANIZATION.</b>					
UNIVERSITY SPONSOR			UNIVERSITY ACCOUNT NUMBER (12 DIGITS)		
STUDENT ORGANIZATION FUND NUMBER			STUDENT ORG FUND ACCOUNT NUMBER		
BILLING ADDRESS					
UNIVERSITY SPONSOR CONTACT		<i>AUTHORIZED SIGNATURE</i>		DATE SIGNED	CAMPUS PHONE
ADDRESS WE SHOULD USE TO MAIL OR FAX APPROVED APPLICATION					

Approved - Foothills Coordinator

Date

By