

Office Use Only:
Res. # _____

**University of South Florida
Marshall Student Center
Non - University Reservation Request Form
Phone (813) 974-9906 or (813) 974-5213 / Fax (974-4180)**

50% rental rate non-refundable deposit is required to reserve rooms

Online payments to: <http://usfweb2.usf.edu/ems>

All events subject to Marshall Student Center, University Police, and/or Student Affairs event review. Event production and promotion reference checks are required. **Cancellations must be received in writing three (3) Business days prior to event or charges will apply.**

Please Print

Today's Date and Time: _____ **Contact Person:** _____

Organization/Individual: _____

Address: _____

City _____ **State** _____ **Zip** _____

Phone: **Area Code** (_____) **Number** _____ **Fax** _____

E-Mail Address _____

Desired Facility: 1st Choice _____ **2nd Choice** _____ **3rd Choice** _____

Day & Date Requested: _____

If Weekly _____ **Begin Date** _____ **End Date** _____

Event Begin Time _____ **Event End Time** _____

Estimated Attendance: _____ **Title of Event** _____

Food Service _____

Beer _____ **Wine** _____ **Cash Bar** _____

Alcohol service must be approved by the Marshall Student Center and coordinated through Aramark Catering Service. Please contact Aramark Catering Service at the Marshall Student Center.

974-6166.

(Please complete other side)

50% rental rate non-refundable deposit is required to reserve rooms

Payments can be made online: <http://usfweb2.usf.edu/ems>

100% of all fees are due 5 business days prior to an event.

All payments are due upon receipt of invoice

Tax Exempt? ___ YES ___ NO If Yes, Tax Exempt # _____

DL# _____

Requests involving a large production must include

Three (3) event production/promotion references (established customers are exempted).

1. _____

2. _____

3. _____

Insurance rider may be required for this event

www.urmia.bene-marc.com user code is 32411074

For office use only

Pre-access Time _____ Hour(s) _____ Minute(s) Post Access : _____ Hour(s) _____ Minute(s)

Equipment & Setup

Room seating style Theater _____ Classroom _____ Hollow Square _____

Conference _____ U-shaped _____ Custom Setup _____

Please list any audiovisual equipment needed:

(To assist us in better understanding your requirements,

Please print a brief description of your setup below)

Please Allow Three Business Days for Processing. Thank you.