

# The University of Arizona Commercial and Campus Use/Mall Activity Request Form



Mall Event Scheduling Office • Student Union Memorial Center • Room 348  
Phone: (520) 626-2630 • Fax: (520) 621-2545 • Page 1 of 2

Date Received: \_\_\_\_\_

**This request must be completed and approved by the Arizona Student Unions Mall Event Scheduling Office a minimum of TWO CALENDAR WEEKS PRIOR TO EVENT. Please type or print legibly.**

Sponsoring Organization \_\_\_\_\_ Event Title \_\_\_\_\_

President/Treasurer/Dept. Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Local Address, City/State \_\_\_\_\_ Zip \_\_\_\_\_

Description of Event: List items to be sold, given away, displayed or available during event. Also list event particulars including publicity tour sponsors, vehicles, tents, tables, chairs and other related details. Attach a separate sheet if necessary. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) Requested: \_\_\_\_\_ Time Requested (starting and ending) \_\_\_\_\_  
*(including setup and take down)*

Area(s) requested (SPACE USE FEES MAY APPLY: ie. Wedding, \$250) \_\_\_\_\_ (See map)

## WILL THE EVENT USE OR REQUIRE ANY OF THE FOLLOWING:

### » Sound amplification?

YES  NO If yes, please describe.

Amplification is allowed only between noon–1 p.m., Monday–Friday, and 5–7 p.m. Monday–Thursday. (Weekend requests are considered separately).

### » Equipment/Services?

YES  NO If yes, contact 621-7332 two calendar weeks before the event to arrange service and payment. All transactions will be by check only. **This form does NOT order equipment.** ALL REQUESTS FOR MALL ACTIVITY MUST HAVE A SIGNATURE FROM FACILITIES MANAGEMENT.

Facilities Management, Special Events, (1200 N. Mountain, 621-7332, fax 626-2918)

Date

### » Food/beverages?

YES  NO If yes, signature approval must be obtained from the Dining Services Director or his designee.

Dining Services Director-Arizona Student Unions, David Galbraith (SUMC, 621-5736, fax 621-9771)

Date

### » Alcohol?

YES  NO No alcohol may be served or sold on University property without written permission, i.e., Permit to Serve Alcoholic Beverages on Campus, from the Event Planning Office. For more information, go to: <http://www.union.arizona.edu/alcohol>

Event Planning Office (SUMC, 621-1989, fax 621-2545)

Date

### » Vehicle access to the Mall?

YES  NO If yes, contact Parking and Transportation at 621-3710 five (5) business days prior to your event to arrange access and payment. This form does NOT arrange vehicle access.

### » University Trademarked Items?

YES  NO If yes, please obtain approval from the Director of Trademarks & Licensing at ICA.

Sean Chevreuz (McKale 246E1, 621-3547, fax 621-2656)

Date

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» **Security may be required depending on proposed activity.**

Dean Veda Kowalski's & Sgt. Smith's signatures are required.

\_\_\_\_\_  
Associate Dean, Veda Kowalski (Old Main, 621-7059, fax 621-9866)      Date      Sgt. Smith (UAPD, 626-0321, fax 626-9469)      Date

» **Will the event involve commercial activity?**

[ ] YES      [ ] NO      If yes, **ATTACH COPIES** of appropriate licenses, a privacy agreement and a list of promotional items. Approval must be granted two (2) calendar weeks in advance.

\_\_\_\_\_  
UA Bookstore Assoc. Director, Debby Shively (621-7151)      Date      Commercial & Mall Activity Coordinator      Date

Private Vendor Name: \_\_\_\_\_ Private Vendor Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Address: \_\_\_\_\_ Zip \_\_\_\_\_

License # OR Tax ID # OR Tax Exempt # (for Non-Profit Agencies) \_\_\_\_\_

Vendor fees: all non-credit card vendors are \$65/day; credit card vendors are \$150/day. Maximum 5 events per vendor per semester.

**CONSUMER PROTECTION FLYERS MUST BE AVAILABLE ON TABLE DURING SCHEDULED EVENT.**

Amount to be paid to confirm reservation \$ \_\_\_\_\_

» **Evidence of liability insurance coverage may be required depending on the proposed activity.**

\_\_\_\_\_  
Risk Management-Insurance Officer, Herb Wagner (220 W. 6 St., 621-7691, fax 621-3706)      Date

**Will the event require use of temporary structures overnight on the Mall?**

[ ] YES      [ ] NO      If yes, signature approval must be obtained from the Associate Dean of Students.

\_\_\_\_\_  
Associate Dean, Veda Kowalski (Old Main, 621-7059, fax 621-9866)      Date

Date(s) requested for overnight use:

\_\_\_\_\_  
(Include details on when it would be set up and taken down, i.e. time of day and date.)

Description of temporary structures:

\_\_\_\_\_  
(Include the size/dimensions, exact placement and type of structure(s). Use map to depict exact placement.)

Org./Co. setting up equipment: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**UA Sponsoring Dept./Recognized Student Organization**

I/We, \_\_\_\_\_  
Name of Faculty, Staff, Student(s) or Organization

**Non-UA Individuals or Organizations/Private Vendors**

I/We, \_\_\_\_\_  
Name of Individual(s), Student(s), or Organization

agree to exercise due care in the use of the mall area and all other University property, to leave the premises in the same condition as prior to the event and to defend, indemnify and hold the University harmless in any action resulting from or related to my use of the mall. If permission to conduct an event is granted, it is understood that the signing individual and/or their organization, will take full responsibility for injury to any person or property caused by the organization or members thereof and will be financially responsible for both damages and expenses resulting there from. It is also understood that the signing individual and/or their organization assume all risks for any injury or loss to the property or members of the organization and that approval of the event does not imply any coverage by University insurance. Evidence of insurance, by issuance of a certificate of insurance naming the University as an additional named insured, for commercial general liability insurance in a single limit amount of \$1,000,000 or more as appropriate to the risk of the event as required by the Department of Risk Management must be provided. Risk Management may waive any informality or part of the above requirement in appropriate circumstances on application.

**I agree to abide by the rules as set out in the Campus Use Policy. Failure to comply may result in termination of my event and may prevent future mall use.**

\_\_\_\_\_  
Signature of President/Treasurer/Dept. Contact      Date      President/Treasurer/Dept. Contact Name/Organization/Phone

\_\_\_\_\_  
Signature of Sponsoring Student Organization Advisor      Date      Student Organization Advisor Name/Title/Phone

\_\_\_\_\_  
Signature of Private Vendor      Date      Name of Private Vendor/Title/Phone

COMMENTS/CONDITIONS: \_\_\_\_\_

Event Request:    [ ] Approved      [ ] Disapproved      By: \_\_\_\_\_  
Mall Coordinator, Mall Scheduling      Date

Reason \_\_\_\_\_