



### Dance Registration Form

Dances should be registered in the Event Services Office (Rm. 348 Student Union Memorial Center) no later than 3 weeks (15 working days) prior to the event to allow for proper planning on the sponsoring organizations behalf and to allow for appropriate Union staffing.

*Please complete this request and return to the Event Services office. If necessary, include any supplementary paperwork to this request.*

**Name of Organization/Sponsor:** \_\_\_\_\_

**Place of Event:** \_\_\_\_\_ **DJ or Band** \_\_\_\_\_ **Approximate # of attending** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_ **Time (am/pm)** \_\_\_\_\_ **to** \_\_\_\_\_

**Equipment/Set-up Required:** \_\_\_\_\_

(Tables, chairs, microphones, etc) The ballroom rental includes a spider box for power needs, if questions or concerns, please contact Event Services.

**\*\* (Please note the use of smoke/fog machines is prohibited in the Student Union Memorial enter)\*\***

**To which individuals is this event being publicized?** (Member’s only, other UA organizations, Tucson Community?)

Please attach a draft of your event’s publicity or press release to this dance request if applicable.

**Will your event be open to individuals who are not members of the sponsoring organization?** Yes \_\_\_ No \_\_\_

**What method is being used to control admission to the event?** \_\_\_\_\_

**Have arrangements been made with off campus businesses/organizations to participate?** Yes \_\_\_ No \_\_\_

**If Yes, explain:** \_\_\_\_\_

**Have you contacted UAPD for security?** Yes \_\_\_ No \_\_\_ **How many officers hired?** \_\_\_\_\_

(UAPD contact is Melissa Valenzuela at 626-6728)

**UAPD:** \_\_\_\_\_ **date:** \_\_\_\_\_

(Signature)

The sponsoring organization is responsible (with the assistance of security hired by the sponsoring organization) for enforcing the University’s policies prohibiting smoking and alcohol in University Buildings.

**What method is being used to control the consumption of alcohol and/or controlled substances?** \_\_\_\_\_

**If there is a potential for liability, the Unions staff may require the signature of a representative from the Risk Management Office. This will be determined Event Services staff and discussed with the organization requesting the dance before the event takes place.**

**Risk Management:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Signature)

The group/organization and its representative below agree to exercise due care in the use of the requested facility, 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 the use of the facility. If permission to conduct an event is granted, it is understood that the signing individual and/or their organization, will take full responsibility for the 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 provide any coverage by University insurance. Evidence of insurance, by issuance of a certificate of insurance naming the University as an additional insured, for commercial general liability insurance in a single limit amount of \$1,000,000.00 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 have read the policies and guidelines governing the use of the Student Unions Facilities and agree to adhere to them.**

_____	_____	_____
Signature of sponsoring Student Org. Advisor	Phone	Date
_____	_____	_____
Signature of Contact Person (Non-UA groups)	Phone	Date
_____	_____	
UA Sponsoring Dept/Recognized Student Organization Contact	Date	

\_\_\_\_\_ **Approved**      \_\_\_\_\_ **Disapproved**

\_\_\_\_\_ **Larry Jones, Asst. Director for Facilities & Operations**      \_\_\_\_\_ **Date**