

# UL Lafayette Abdalla Hall Facilities Use Request and Authorization

The IRI Director of Budget & Administration serves as Abdalla Hall University Liaison and maintains Abdalla Hall for University use. Abdalla Hall is not for personal use.

## Event Request Form

The completion of this "Event Request Form" will be used to determine pricing and availability and does not confirm use. The requested use will only be confirmed/final once all approvals have been obtained and a fully signed authorization form has been received. Hence no event shall be advertised as being held at Abdalla Hall until all approvals are obtained and an approved authorization form is returned to the event contact host.

Please write legibly or type. Failure to complete all applicable sections and submit all required documents will result in the request being returned as incomplete.

### Event Details

Event Title/Description \_\_\_\_\_ Est. # Attendees \_\_\_\_\_

Date(s) \_\_\_\_\_ Setup Time \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

### Lessee Information

Department/Organization \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### Venue Requested

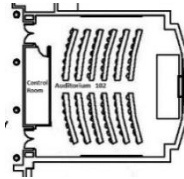
Indicate all areas and equipment being requested for use

**Auditorium (Room 102)** Food and drinks are **prohibited in the auditorium** and/or **not allowed to be setup in the adjacent lobby area.**

**Square Feet:** 1,838

**Capacity:** 78 (COVID19 limits: 18 max; designated seats ONLY)

**Equipped:** Projector; Screen; Desktop Computer w/Internet Access and MS Office; Laptop Connection; Document Camera; Microphone.



**Requested:**  Projector  Desktop Computer  Laptop Connection  Document Camera  Sound  Microphone

Registration Table  Head Table, if yes, # seats \_\_\_\_\_

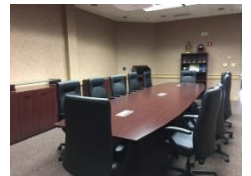
Other request (describe)

**Conference Room A – Executive (Room 101)**

**Square Feet:** 499

**Capacity:** 12 (COVID19 limits: 6 max; maintain 6-foot spacing)

**Equipped:** Projector; Screen; Desktop Computer w/Internet Access and MS Office; Laptop Connection.



**Requested:**  Projector  Computer  Laptop Connection  Sound

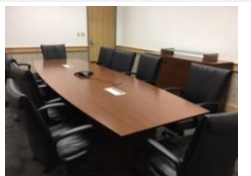
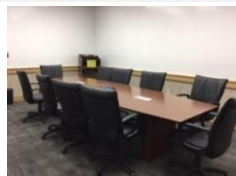
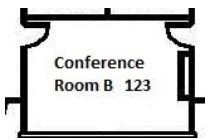
Other request (describe)

**Conference Room B (Room 123)**

**Square Feet:** 305

**Capacity:** 10 (COVID19 limits: 5 max; maintain 6-foot spacing)

**Equipped:** Projector; Screen; Desktop Computer w/Internet Access and MS Office; Laptop Connection.



**Requested:**  Projector  Computer  Laptop Connection  Sound

Other request (describe)

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Kitchen (Room 156)  Dining Area (Room 157)  Patio

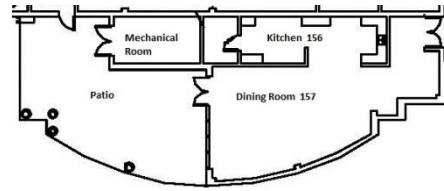
**Square Feet:** 307 (Kitchen); 881 (Dining Room)

**Capacity:** 45 (Dining Room)

**Furniture:** Dining: 12 – 4’ square tables; 45 – chairs.

Patio: 2 – 4’ square tables; 8 – patio chairs.

**Appliances:** Refrigerator; Kitchen Sink, Commercial Sink, Ice Maker; Range; Fryer; Warmer Table; Microwave.



Due to COVID19 restrictions:  
CURRENTLY NOT AVAILABLE FOR BOOKING

**Requested:**  Refrigerator  Ice Maker  Range  Fryer  Warmer Table  Microwave

Other request (describe) \_\_\_\_\_

Other Request/Comments

**Describe:**  
(detailed)

## Additional Needs/Requests Details

*Carefully review all provisions in the "Terms and Conditions of Use". Lessee is responsible for all required approvals and arrangements.*

**Additional furniture, equipment, etc. required** (Property of Lessee; not provided by Abdalla Hall)  Yes  No If yes, \_\_\_\_\_

**Describe:**  
(detailed)

Arrangements have been made to obtain, deliver, and remove promptly after event.

Arrangements have been made for a department/organization representative to be present for delivery and pick-up.

Delivery time: \_\_\_\_\_

Pick-up time: \_\_\_\_\_

**Food being provided** (Prohibited in Auditorium and/or not allowed to be setup in adjacent lobby area)  Yes  No If yes, \_\_\_\_\_

University catering utilized If no, caterer \_\_\_\_\_

Arrangements have been made to obtain, deliver, and remove promptly after event.

Arrangements have been made for a department/organization representative to be present for delivery and pick-up.

Delivery time: \_\_\_\_\_

Pick-up time: \_\_\_\_\_

**Alcohol being provided** (Required: VP for Administration & Finance approval and UL Police Security)  Yes  No If yes, \_\_\_\_\_

Alcohol Approval Request attached.

UL Police Security Contract attached.

Arrangements have been made to obtain, deliver, and remove promptly after event.

Arrangements have been made for a department/organization representative to be present for delivery and pick-up.

Delivery time: \_\_\_\_\_

Pick-up time: \_\_\_\_\_

**Additional Services**  Yes  No If yes, \_\_\_\_\_

Custodial Services (Required if food/drinks and/or alcohol is being provided/served)

UL Police Security (Required for after hour events and/or events where alcohol is present)

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## Funding

**University Funded** (A University Inter-departmental charge will be created and submitted by the Liaison)  Yes  No If yes,

FOP # to be charged (all charges): \_\_\_\_\_

Multiple funding or other funding is being used, describe: \_\_\_\_\_

**External Funded** (Invoice will be sent to billing contact; payment in full must be received prior to event)  Yes  No If yes,

Billing contact (same as Lessee).

Billing contact name and email if different from Lessee: \_\_\_\_\_

## Certification

By my signature, I certify that I have read, understand, and intend to comply with all "Terms and Conditions of Use" as well as with the University regulations governing special events, catering, and alcoholic beverages. Failure to comply could result in loss of facility privileges. I further certify that the department/organization shall be responsible for all charges for this event (e.g., security, maintenance, and catering charges). Furthermore, by my signature, I agree that the department/organization will be responsible for costs of any damages that may occur during the use of the facility.

### Lessee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

### Department Head Approval

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## Abdalla Hall Use Only

### University Liaison

\_\_\_\_\_  
Signature

Stephanie Denton  
\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Liaison Comments/Notes: