Employee Space Reservation – Supplemental Form

Thank you for your interest in administering an activity at Florida SouthWestern State College. Activities, both athletic and non-athletic, organized by College employees provide a means to showcase the institution, the campus, the facilities, and to expose potential future students and their families to the College. Please assist us in the planning of your activity by completing this questionnaire. There are no incorrect responses to this questionnaire; however, your complete and accurate responses will guide the College in the successful planning of your activity.

Activity Name

Activity Dates

Requested Activity Location

Activity Description (please be specific as to all activities taking place and who the expected participants are including the participants' affiliations, if any)

Number of Participants   Participants' Age Range   Cost per participant

Name of Activity Administrator

Activity Administrator's Phone Number

Names of any additional coordinators or assistants to the Activity Administrator

Will the event take place during the Activity Administrator's, assistants', or coordinators' regular work hours?

How will you promote your activity to the public? Include URL, if applicable.

Attach your activity brochure, marketing material, or pdf of website advertising your activity.

Will any of the College's branding, trademarks, logos or other copyrighted material be used to market the event to the public? This includes, but is not limited to, the wearing of clothing with College branding while promoting or advertising the activity, or the use of College-branded signage, forms, pamphlets, or letterhead.

Will College-owned property such as, but not limited to, phones, mail, technology, email, office supplies, paper, letterhead, copy machines, computers, or vehicles etc. be used at all in the planning, operation, or promotion of the requested activity?

As the Activity Administrator, my assistants/coordinators and/or I are using our titles as College employees to promote the requested activity.

Is the academic or non-academic service, program, event, camp, clinic, private lesson, or activity, whether on or off any campus location, sponsored by the College's administration?

Please provide the name and title of the College Dean or Vice President

This activity   providing individualized instruction to the participants.

All proceeds for this requested activity, including any remuneration to myself or staff, will be processed through the College's Accounting/Financial Services Office, and I have made the appropriate arrangements with the Accounting/Financial Services Office

I have read and understand COP 08-0801 which outlines the College's reservation process through Auxiliary Services. I understand all procedures for reserving space on campus must be followed regardless whether I currently teach, coach, or have an office in the space and/or building identified as the proposed location of the activity. I understand the College reserves the right to prioritize and reject requests for space. Further, once a reservation is made, the College maintains the right, with notice provided to the activity administrator, to amend the terms of the reservation in the best interest of the College and in the College's sole discretion.

As the Activity Administrator for the requested event, I can confirm that my assistants/coordinators and I have read and understand College Operating Procedure: 09-0103, *College Sanctioned and Non-Sanctioned Camps, Clinic, and Activities Administered by College Employees*. I confirm that the requested activity meets the requirements for the authorization process outlined in COP 09-0103. I assume all risks that result from the non-approval or cancellation of a camp due to my failure to comply with the prerequisites and ongoing requirements, including but not limited to those associated with advanced advertising, insurance, and space reservations.

Employee Name/Position

Signature