This form is to be submitted for approval between the hours of 9:00AM until 5:00PM, Monday through Friday to the Facilities Coordinator at the Smolian International House (SIH) office. All groups wishing to use the facility must read and agree to comply with scheduling policies.

Name of Sponsoring Group
___________________________________________________________________

Name of Activity/Event ________________________________________________
_____________________________________________________________________

Detailed Description of Activity/Event __________________________________
_________________________________________________________________________________________

Date Requested__________________________  Time Requested:____________________

Time of Event____________________________  Pre Setup Requested _______Yes ________No

Rooms Requested (circle appropriate room):

<table>
<thead>
<tr>
<th>Upstairs Lounge Area</th>
<th>Formal Dining Room</th>
<th>Multi-Purpose Room: Whole or A B C D</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Max: 18)</td>
<td>(Max: 6-8)</td>
<td>(Max: 80-100)</td>
</tr>
</tbody>
</table>

Please choose type of room set-up:

<table>
<thead>
<tr>
<th>Circle one: (1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4) Other: Draw in set-up</th>
</tr>
</thead>
</table>

Number of chairs:_______  Number of tables:_______  Estimated attendance:_______________

This activity is primarily for:      STUDENTS          FACULTY/STAFF          GENERAL PUBLIC
Activity open to everyone? YES NO  Private function? YES NO
Alcohol served at this event? YES NO  (Additional form required)
Kitchen supervisor needed? YES NO  Specify # hrs $10/hr (Min. 2hrs)
Audiovisual equipment? LCD Laptop Microphone Sound System PA System Screen Microphone Stand

I have read the policies and procedures of the Smolian International House, and agree to abide by the current policies governing its use. Two (2) signatures are required for student groups. I have read and agree to comply with all UAB regulations governing the use of SIH.

Responsible Person (Print Name)________________________________________
Signature                   Date________________________________________________________________________

Advisor or Alternate Name Responsible (Print Name)_______________________
Signature                   Date________________________________________________________________________

Email Address ___________________________________________ Email Address ________________________________
Phone: (O)________________ (H)_________________________ Phone: (O)________________ (H)_________________________

DP/CA-11/12/07
Please check all that apply – Facilities Coordinator will total amount:

Fees and Deposit:
1. Cleaning Deposit
   $50.00
   $_____________
2. Usage Fee
   $75.00
   $_____________
3. Kitchen Supervisor
   $10.00/hr X _____hrs
   $_____________
4. Beyond Normal Operating Hours Fee
   $15.00/hr X _____hrs
   $_____________
5. Disc Jockey Fee
   $75.00
   $_____________
   TOTAL DUE
   $_____________

Please make checks payable to: UAB Smolian International House

Prices are subject to change