# Request for Use of Campus Facilities (Cafeteria, etc.)

Date: / /

To the President of the University of Aizu

## Applicant:

Name:

Address:

I hereby request the use of campus facilities (Cafeteria and/or Keyaki) as described below.

1 Facilities Requested	🗆 1F Student Cafeteria 🗆 2F Keyaki Restaurant 🛛 1F Community Space Kiyare
2 Operation of Cafeteria	□ I request that the cafeteria operates during the requested period of use □ I do not require the cafeteria to operate during the requested period of use
3 Purpose of Use	
4 Use Category	<ul> <li>A University-related event</li> <li>B Use for luncheon by a group that uses University facilities</li> <li>C Use for faculty/staff/student parties, etc.</li> <li>D Other ( )</li> </ul>
5 Period of Use	Date: / / ( ) Time : ~ :
6 User Representative (Contact Info)	Name Tel. — — FAX — — email
7 Use of Other Facilities	□ Auditoriur □ Lecture Theatre □ M Lecture Rooms ( □ Other ( ) □ None
8 Student/ Faculty/ Staff Participation	□ Yes Names ( ) □ No
9 Attached Documents	□ Program/Schedule □ Event Overview □ List of Participants □ Other ()
10 HVAC Request	□ A/C (Summer) □ Heating (Winter) □ Ventilation □ None Note: Heating and A/C are only available during their normal operating periods. Comments
11 Notes of Caution	Applicants must separately contact SLS to request the operation of cafeteria. (Student Life Support, Inc. Tel. 0242-33-0771) (The decision on cafeteria operation will be made by the Admin. Office in discussion with SLS)
OFFICE USE ONLY	
総務予算課 記載欄	

# Notes on Filling Out a "Request for Use of Campus Facilities (Cafeteria, etc.)"

Applicant

Please apply with the name of the group's representative, or equivalent individual. Also include the name of the group.

1 Facilities Requested

Please check the boxes for the facilities you wish to use. If you wish to use multiple facilities, please check all applicable boxes. Please check the box for the 1F Student Cafeteria when requesting use during nonbusiness days (weekends, holidays, outside operating hours).

#### 2 Operation of Cafeteria

Please check the appropriate box to indicate whether you wish the cafeteria to operate during the period of use. Checking the box does not constitute a request for operation; please contact SLS separately.

#### 3 Purpose of Use

Please provide the name of the event/meeting.

4 Use Category

Please check the boxes that apply to the event/meeting.

5 Period of Use

Please include time before and after the event for preparation and cleanup along time for the event itself.

6 User Representative

Please provide the name and contact information of someone who is aware of the details of the event for which

the facilities will be used. Please provide contact information where the person in question can reliably be

7 Use of Other Facilities

In the event that you wish to use facilities other than the Cafeteria/Keyaki on your desired day of use, please check the appropriate boxes. Otherwise, check "None".

#### 8 Student / Faculty / Staff Participation

Please check "yes" when UoA students, faculty, or staff will be attending the event, meeting, etc, and provide their names. Otherwise, please check "no".

#### 9 Attached Documents

When any explanatory documents necessary for the use of facilities have been attached to the application, please check the corresponding type; agenda, schedule, event overview, participant list, etc.

## 10 HVAC Request

When heating, ventilation, or air conditioning (HVAC) is requested, please check the appropriate box. When HVAC is not required, check "none". Please note that cooling (A/C) and heating are only available during summer (July-September) and winter (December-March) respectively.