

**ATRIUM
ON-CAMPUS
APPLICATION FORM**

Organization/Department Name: _____

Contact Person: _____

Address: _____

Phone: _____

Email: _____

Purpose of Request: _____

Requested Date(s) and Time(s): _____

Set-up Required: _____

Number Tables _____ Size Tables _____ Number Chairs _____

(This request cannot be considered without appropriate advisor signature.)

Printed Name of Contact Person Phone Number

Printed Name of Faculty Advisor Phone Number

Signature of Contact Person Date

Signature of Faculty Advisor Date
(If UNA Student Organization)

Please return this form to:

**University Events
UNA Box 5068
Florence, AL 35632-0001
(256) 765-4658**

FOR UNIVERSITY EVENT USE ONLY

Approved by: _____ Date: _____