

FACILITY RESERVATION INQUIRY FORM

Liberty Mountain Intramural Complex (LMIC)

All information must be entered to ensure timely scheduling!

Contact Information

1. Please provide the following Point of Contact (POC) information:

Name: _____

Cell Phone Number: _____

Email Address: _____

Legal Address: _____

LUID (if current or previous LU Student/Faculty/Staff): _____

Internal LU Organizations (ONLY)

2. If your requested event is for an official Liberty University organization / department / group, please select the organization below and list its name:

LU Academics: _____

LU Athletics: _____

LU Club Sports: _____

LU Department: _____

*LU Residence Hall: _____

**Please list Resident Director Name, Email Address, and Phone Number:*

*LU SGA Club: _____

**Please list SGA Club Faculty Advisor Name, Email Address, and Phone Number:*

External Customers & Organizations (ONLY)

3. Please select your affiliation with Liberty University:

Current Student/Faculty/Staff

General Public/Alumni

4. Is the requested event is for personal use or for an external organization?

Personal Use

External Organization

5. If the requested event is for an external organization, please list your legal business name **and** address.

General Reservation Information

6. Please provide the specific location(s) at the Liberty Mountain Intramural Complex (LMIC) that you are requesting to reserve, as listed on our [Campus Recreation Facility Reservations webpage](#).

7. Please provide the name / title of the requested event:

8. Please provide a description of the requested event including purpose, theme, and activities involved.

9. Please list all equipment, decorations, games, crafts, etc. that you are requesting to bring to the facility for the event.

10. Please indicate if the requested event is private or open to the public:

Private Event

Public Event

11. Please list the preferred reservation date(s) **and two backup dates**.

12. Please list the proposed timeline for the event:

Set-Up Start Time: _____

Event Start Time: _____

Event End Time: _____

Tear-Down End Time: _____

13. Who **and** how many people are anticipated to attend the event?

14. How many adults will be in attendance (18 years of age and over)? How many minors will be in attendance (under 18 years of age)?

15. Will there be food at this requested event? Yes No

If yes, will it be:

Brought to campus by someone in your party.

Delivered to campus by food company, please list the company name:

Catered/served on-site by company, please list the company name:

16. Will you be hiring any external vendors for the requested event (i.e., Food truck, DJ, caterer, photographer)? If yes, please list the type of vendor and business name below.

Yes

No

17. Will the requested event be ticketed and have a guest admission fee? If yes, how will you be handling ticketing?

Yes

No

18. Will the requested event require registration and is there a fee associated? If yes, how will you be handling registration?

Yes

No

19. Will the requested event or activity have anything to do with fundraising or donations? If yes, please provide more information.

Yes

No

LMIC Resources

20. Please indicate which of our available resources you would like to request for the event:

Soccer goals (four available on turf fields)