



Ley Student Center
Rice Memorial Center
Chapel & Cloisters

Facilities Use Agreement

Individual/ Organization: _____

Contact Person (if Organization): _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____

Email: _____

Event Type: _____

Event Name: _____

Date: _____ Event Time: Start: _____ am/pm End _____ am/pm

Venue(s): _____ Expected Attendance: _____

Catering: Yes No Company: _____

Alcohol: Yes No Company: _____

Outside Rental Equipment: Yes No Company: _____

Responsible Party Signature: _____ Date: _____

Your signature acknowledges your understanding and willingness to adhere to the guidelines outlined in the Chapel Use Policies.

SC Event Coordinator: _____ Date: _____

A non-refundable \$500 deposit must be submitted with this agreement. Check #: _____