

The Prehistoric Museum, USU Eastern Event Permit

Date: _____ Name of Organization: _____

Name of Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone number - work: _____ cell: _____ home: _____

E-mail Address: _____

Building Requested: _____ Museum _____ Room requested: _____ Classroom _____

Type of Function: _____

Date being requested: _____ Start Time: _____ End Time: _____

Number of Participants: _____

Applicant acknowledges the facility used will be inspected before and after all scheduled functions. A \$50.00 refundable deposit given in the form of a separate check will be held until room is inspected. Applicant shall be held responsible for all damages and excessive cleanup caused by applicant's function.

Applicant Signature: _____