



UWI SPEC

THE UNIVERSITY OF THE WEST INDIES

ST. AUGUSTINE, TRINIDAD & TOBAGO, WEST INDIES

Telephone/Fax: (868) 645-9239

EXTERNAL RENTAL APPLICATION

GENERAL INFORMATION:

APPLICANT (Please Specify):

ADDRESS:

TELEPHONE: FAX: EMAIL:

NAME OF EVENT:

TYPE OF EVENT:

ADMISSION FEE (if applicable).....

NUMBER OF PEOPLE ATTENDING THE EVENT.....

FACILITY ATTENDANT <i>For official use</i>
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DATES	TIMES
(a)
(b)
(c)

FACILITIES REQUIRED: (*tick where applicable*)

Hours

Indoor Court	
Outdoor Court	
Cricket Pitch/Grounds <input type="checkbox"/> SPEC <input type="checkbox"/> Administration (Stockdale)	
Cricket Pavilion and Changing Rooms	
Football Field <input type="checkbox"/> SPEC <input type="checkbox"/> Administration	
Rugby Field	
Tennis Court	
Swimming Pool	
Running Track	
2 Classroom/Conference Room	
Locker Rooms	
Car Park <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> Heartease	
Indoor Washrooms	
Outdoor Washrooms	
Gym	
OTHER(<i>specify</i>) _____	

EQUIPMENT REQUIRED: (*tick where applicable*)

Item	Qty	Item	Qty
Bins		Chairs	
Stage (Size _____ ft x _____ ft)		Podium	
Floor covering		Parking Attendants	
Campus Security		OTHER: _____	
Ushers		OTHER: _____	

ADDITIONAL INFORMATION:

Would you be bringing any equipment/musical instruments/other? **No** **Yes (Specify)**

Media Presence **No** **Yes (Specify and liaise with Director and Facility Supervisor)**.....

Tents **No** **Yes (liaise with Director and Facility Supervisor)**

Other (Please Specify below):

FLOOR LAYOUT

Use the box below to draw the expected floor layout for your event.

.....
Printed Name

.....
Signature

.....
Date

***(PAYMENT MUST BE MADE IN FULL PRIOR TO THE EVENT)**

FOR OFFICIAL USE ONLY

Category		Discount %	Waiver
I	UWI		<input type="checkbox"/>
II	School		<input type="checkbox"/>
III	National Sport Org.		<input type="checkbox"/>
IV	Public	1-3 days	<input type="checkbox"/>
		4-7 days	<input type="checkbox"/>
		8-14 days	<input type="checkbox"/>
		Over 14 days	<input type="checkbox"/>

RENTAL REQUEST

APPROVED

DENIED

The Following Charges will be applicable:

FACILITY RENTAL	
ADDITIONAL FEES	
Other (Specify)	
TOTAL RENTAL FEE	

Facility Supervisor

Date

Director

Date

UWI Stamp