

# Request for Exception to Facilities Use Policies of Central Washington University

**Instructions: Complete this form and return to:** Office of the President,  
Central Washington University, 400 East University Way, Ellensburg, WA 98926-7501  
**FAX# (509) 963-3206**

Today's Date: \_\_\_\_\_

Name of Person Making Request: \_\_\_\_\_

Name of Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Proposed Date of Event: \_\_\_\_\_ Anticipated # of Participants: \_\_\_\_\_

Nature of the Event: \_\_\_\_\_

Relationship to the University: (Check one of the boxes below)

? Student                      ? Alumni                      ? Faculty  
? Staff                          ? Other (Explain below)      ? None

\_\_\_\_\_

Have you checked the availability of facilities, services or equipment in the community?  
? Yes, (specify below)                      ? No

\_\_\_\_\_

List reasons for wanting to use CWU facilities, service or equipment: Use reverse side if needed

\_\_\_\_\_

I, the undersigned, state that the above information is true.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Approved     Denied

Signature:

Date: