

## 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)

- |                                  |  |                                  |
|----------------------------------|--|----------------------------------|
| <input type="checkbox"/> Student | <input type="checkbox"/> Alumni                | <input type="checkbox"/> Faculty |
| <input type="checkbox"/> Staff   | <input type="checkbox"/> Other (Explain below) | <input type="checkbox"/> 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: