

Agronomy Education Center Building Use Agreement

Name of Organization _____

Affiliation _____

Contact _____

Phone _____

Email _____

Alt. Phone _____

Address _____

City _____ State _____ Zip _____

Billing Information (use only if different from above address)

Attention _____

Phone _____

Email _____

Alt. Phone _____

Address _____

City _____ State _____ Zip _____

Requested Date of Event _____

Purpose of Event _____

Number of Guests (estimate) _____

Start Time (including set up) _____

End time (including clean up) _____

Room(s) Requested

Single Classroom AV needed \$ _____

Both Classrooms AV needed \$ _____

Exhibit Hall AV needed \$ _____

Evening or Weekend Event \$ _____

Total \$ _____

Food Service Caterer's Name _____

Alcohol Service - Requires KSU President's Office Approval Caterer's Name _____

Additional Notes and Information Regarding the Event or Setup Requirements

Signature of Event Representative _____ Date _____

Please review the Building Usage Guidelines to ensure you, as the event representative, understand the responsibilities that you are expected to assume and fulfill during the event.

Cancellation Policy

Cancellations of reservations more than 30 days prior to the event will be charged a \$50 cancellation fee. Cancellations of reservations made less than 30 days prior to the event will be charged 50% of the room use rate.

Approved by _____ Date _____

For additional information, contact: Stephanie Shaffer, Accountant I, agronomyfarm@ksu.edu, 785-532-6111