Housing and Residence Life Office Woodland Park Common Area Use Application Form

This form must be completed and turned in at **least fourteen days** prior to the date of activity.

For activities at which alcohol will be available, a representative of the organization must review and acknowledge the Policies Regarding the Possession and Use of Alcoholic Beverages by Students, as outlined in Northern Michigan University's Student Handbook located at https://www.nmu.edu/dso/studenthandbook.

Common Area Expectations

- 1. <u>Conduct</u>. Rights of Residence Hall and Apartment students must be respected at all times. Use of public areas must comply with rules and regulations stated in the Student Code and University Ordinances as well as all other expectations set forth by the staff responsible for supervising the area.
- 2. <u>Clean-up</u>. Trash must be placed in proper receptacles, tables wiped off, floor swept/vacuumed, furniture properly placed, etc.
- 3. Costs. Any costs associated with set-up for non-housing and residence life activities or damages from an activity will be charged to the sponsoring group(s).
- 4. <u>Disqualification</u>. Failure to adhere to these conditions may disqualify the organization from future use of a common area.

5.	<u>Promotion</u> . Postings must be registered and adhere to t	he university's posting polic	y and pr	ocedures.
Applio	cation Information Sponsoring Organization(s)			
2.	Contact Person			
	Address			
	Email			
3.	Common Area Requested (circle all that apply)			
	a. Multipurpose Room (<i>Woodland Only</i>)b. Meeting Room (<i>Woodland Only</i>)	b. Kitchen (<i>Woodland</i>	d Only)	
4.	Day/Date of Proposed Activity			
5.	Time: FromAM/PM to	AM/PM		
6.	Description of Proposed Activity			
7. This event is (circle one): Open (anyone can attend) Closed (by invitation only)				
8.	Will alcohol be permitted at the event? (circle one, if "n	o" skip to next section)	Yes	No
	a. I have read section 3.9 Policies Regarding the Posses taken directly from the Student Code.	•		
	b. I understand that my organization is responsible to	adhere to this policy.	Yes	No
If this	application is for an activity that takes place after the desi	k hours, your application ma	y not be	approved.
Signature of Organization Representative:Date:				
	3 1			
Applio	cation Supported: Yes No			
Stude	nt Representative	Date:		
Applio	cation Approved: Yes No			
Reside	ent Director/Coordinator of Apartment Services		_	