

- Credit Card/Payment
- Mail Confirmation
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Office Use Only



**UNIVERSITY of ALASKA  
ANCHORAGE**

## Student Union Marketplace Reservation Request

3211 Providence Drive, Student Union Suite #218, Anchorage, Alaska 99508

Phone (907)786-1896      Fax (907)786-4797      Email: [andcw@uaa.alaska.edu](mailto:andcw@uaa.alaska.edu)

This form must be completely filled out to be processed. It serves as space request only and does not confirm your space. **Incomplete applications will automatically be declined.**

Date(s) and Day(s) of the Week: \_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Name (appears on daily calendar in the building): \_\_\_\_\_

What is your product or service: \_\_\_\_\_

Is your group Non-Profit: \_\_\_\_\_ If yes, Federal Id # \_\_\_\_\_

**Applicant Information:**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Payment Information:**

For Profit \$100.00 table/day

Non-Profit \$80.00 table/day

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ (circle one)    Visa    MasterCard    Discover

Printed Name as it appears on card: \_\_\_\_\_

**Condition and Liability**

**I agree to abide by all University policies**, including fire regulations, postings, and alcohol policies, for liability purposes, I agree to ensure that event participants will not move or tamper with any furnishing or equipment, including tables and chairs. I further understand that all facilities and equipment are subject to availability. I will be responsible for submitting the appropriate forms to Campus Life and understand that failure to do so may result in cancellations or changes in my reservation. I agree to submit changes, including cancellations to the Campus Life office a minimum of 15 working days prior to the scheduled event. I agree to indemnify, defend, and hold harmless the University of Alaska Anchorage, it's employees, officers, agents and the Board of Regents against any and all claims of injury to person or property damage resulting directly or indirectly from any accident occurring in upon or about the premises, except to the extent such injury or damage results from gross negligence of the University. I understand I may be held personally responsible in the event the department, club, or client does not satisfactorily cover any indebtedness resulting from damage or above normal clean-up.

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**Applicant's Signature / Printed Name**

**Date**