

MARIAN UNIVERSITY

Indianapolis®

OFFICE OF UNIVERSITY EVENTS AND ENGAGEMENT REQUEST FOR WAIVER OF FEES

Name of Client/Event: _____

Event Date(s)/Time(s): _____ Estimated attendance: _____

Event location(s): _____

Describe facility set up needs (ie banquet rounds for 100): _____

Facility Rental Fee: \$_____ (provided by Office of Conferences & Events)

Amount Waived: \$_____ (to be completed by person making the request)

Please note: Regardless of the waiver of facility rental fees, all clients must pay out of pocket expenses, including set up fees, security/hostess fees, and all catering & bar fees by ARAMARK/Classic Fare Catering.

Person Requesting Waiver:

Name/Title: _____ Date: _____

Phone/Email: _____

Please describe the immediate and long term financial or other benefit to Marian University that would justify the requested waiver of fees. Please be specific (e.g. as a result of our partnership with this organization, we have admitted 10 students to Marian in the last 3 years):

**Waiver Request Approved by:
Department Chair/Supervisor:**

(Name)

(Date)

(Name)

AVP Finance and Accounting (Date)

(Name)

(Date)

Senior Vice President for Strategic Partnerships & General Counsel:

ALL SIGNATURES ARE REQUIRED FOR APPROVAL OF WAIVER.

Updated February 2022