

HMSU CANDLE USE REQUEST

Deadline: Must be submitted no later than 7 working days prior to the event to HMSU, Room 207.

Organization Name: _____

Event date: _____ Time: _____

Location: _____

A. Function/Activity (check all that apply):

- _____ Meal
- _____ Initiation Ceremony
- _____ Pledging Ceremony
- _____ Other (please describe) _____

B. Indicate number/type of candles to be used:

- _____ Stationary candles set on table for decoration
- _____ Stationary candles set on table for ceremony
- _____ Individually held candles w/protective holder used during a ceremony

C. Required protection to be utilized during event (based on A. & B.):

- _____ Tablecloth & candle holder for table
- _____ Drop cloth/tablecloth to put on floor below individuals holding candles during ceremony
- _____ Protective ring around individually held candles

D. Disposal: Caution must be exercised when blowing out candles to ensure the hot wax isn't blown onto furnishings, carpet, etc. Candles should be put in a box and taken with you. **Do not put in trash receptacles.**

E. Organization's Responsibility:

We realize that the improper use of candles can result in damage to furnishings and décor from hot wax and can cause fire if not distinguished and disposed of properly. Any damage to furnishings will be the responsibility of my organization. Subsequent charges for cleaning and/or repair or replacement will be billed to the organization. Until payment is made, the organization will be unable to utilize current reservation privileges or place new reservations.

Name/Title of Event Coordinator: _____ Ext. _____

Signature of Event Coordinator: _____ Date: _____

President's Name & phone no.: _____

Treasurer's Name & phone no.: _____

FOR OFFICE USE ONLY:

Received by: _____ Date: _____

Approved by: _____ Date: _____