

UNIVERSITY OF NOTRE DAME

MEMORANDUM OF UNDERSTANDING AND INDEMNIFICATION REQUEST
USE OF UNIVERSITY FACILITIES BY NON-UNIVERSITY PERSONS OR GROUPS

Department submitting request:

Dept. Contact:

Phone Number:

e-mail address:

Agreement is to be issued to:

Name of Company:

Attn:

Address:

City/State/Zip Code:

Title of Event/Program

Description of Event/Use of Facility:

Dates of use:

Comments/Special Requirements:

*Fill out form, Print and Return to: Risk Management and Safety Department
Barb Davey 636 Grace Hall
Notre Dame, Indiana 46556
Ph # 631-5037 Fax # 1-6975