

REQUEST FOR USE OF FACILITIES

NOTICE: Applicants, organizations, participants and guests shall abide by all College rules and regulations.

Please Complete All Items:

1. Date _____ 2. Number of Participants _____ 3. Approx. Number of Vehicles _____

4. Person Scheduling Event _____

5. Phone _____ FAX _____ E-Mail _____

6. Sponsor of Activity/Department _____

7. College-Connected Activity How _____ Non College-Connected Activity

8. Address/Mail Stop _____ City _____ Zip _____

9. Billing address if other than above _____

10. Description of Activity _____

11. Start Time _____ a.m. p.m. 12. End Time _____ a.m. p.m. 13. Set-Up Time _____ a.m.

p.m.

14. Days of Week (**circle**) M T W TH F SA SU 14. Dates _____

15. Fill in where applicable

Facility Requested:

- Classroom _____
- Conference Room _____
- Computer Lab A120 _____
- Other _____

Equipment Requested:

- TV/VCR/DVD _____
- Overhead _____
- Projector Video _____
- Audio/Visual _____
- Wireless Access _____

NOTE: WE DO NOT SUPPLY COFFEE OR COPY SERVICES NOR FLIP CHART PAPER

OFF CAMPUS ORGANIZATIONS: Applicant shall protect, indemnify, and hold the College harmless from and against any damage, cost or liability for any and all injuries to persons or property arising from acts or omissions of applicant, his employees agents or sub-contractors, howsoever caused.

→ 16. Date _____ → 17. Signature _____

Estimated Cost:

18. Rental Rate \$75/half day/\$150/room/day;\$25/parking/room/day **We need 24 hour cancellation in order to void billing.**

Final College Approval:

	\$	Signature
Date	(Total Costs)	Administrator

Room Coordinator

A/V Coordinator

Facilities Coordinator