

The Student Activities Office

On-Campus Facility Request Form

Staff Faculty Student Organization Date: _____

Type of occasion: _____

Department or Organization: _____

Name of Applicant: _____

Phone: _____ Email: _____

REQUEST IS HEREBY MADE BY THE UNDERSIGNED FOR USE OF THE FOLLOWING COLLEGE FACILITIES:

Facility being requested: SC Multi-Purpose Room SC Meeting Room

Quad (w/ stage) Quad (near bookstore) Quad (near CSC) LRC Quad

MCW Quad MCE Quad Classroom: _____ Other: _____

Expected attendance #: _____ Will admission be charged? Y / N If so, how much? _____

<u>Date</u>	<u>Day of the Week</u>	<u>Start Time</u>	<u>End Time</u>

Services Requested: Tables# ____ Chairs# ____ PA System & Microphone: Y / N Podium: Y / N

Parking? Y / N If Yes, please explain: _____

For Clubs – Services to be requested by Advisor? YES or NO

Any other special arrangements not listed above: _____

ALL PAPERWORK MUST BE SUBMITTED AT LEAST TWO WEEKS IN ADVANCE OF THE EVENT DATE

Signature of Applicant Signature of Club Advisor (for Clubs) Advisor Phone Advisor Email

For office use only: Received by Student Activities Office – Date: _____ Initial: _____

Approval by Student Activities Specialist: _____ Date: _____

Date cleared through the Vice President's Office: _____