

FACILITIES SERVICES – CAMPUS EVENTS

FACILITY USE REQUEST – MAIN CAMPUS FACILITIES

FOR AVC ON CAMPUS GROUPS ONLY – COMPLETED AND SIGNED REQUEST MUST BE RECEIVED NO LATER THAN THREE WEEKS PRIOR TO EVENT DATE

Requested Date of Use: _____ AVC/Community Co-Sponsored Event: Yes No

AVC Organization/Group Name: _____ Estimated Attendance: _____

Event Name: _____

Facility Access Schedule: _____ Start Time: _____ am/pm End Time: _____ am/pm

Event Schedule: _____ Start Time: _____ am/pm End Time: _____ am/pm

Facilities Requested for Use: (Check all facilities required for event)

- Boardroom SSV 151 Library Plaza Student Lounge Bookstore Hallway
- Cafeteria SCT Covered Patio Fine Arts Quad Gym Quad
- LS Lawn Westside APL Quad H&S Quad SOAR HS Lawn
- Parking Lot # _____ Other: _____

Event Requirements:

Will Admission Fee, Collection or Solicitation of Funds be Made: Yes No

Sound/PA System: Yes No

Tables/Chairs/Pop-Up Tent: Yes No Will Food be available at Event: Yes No

**Please see Food Rules & Regulations*

Additional Security: Yes No Electrical Outlets Required: Yes No

If ANY items are marked "Yes", a Facility Use Worksheet must be completed and submitted with this request.

For all co-sponsored events, costs for Events staff, custodial services, security and any damages related to the event will be charged to:

Fund # _____ Account # _____

All individuals who provide signature approval for this Facility Use Request agree that they have read, understand and agree to the Rules and Regulations for Use of District Facilities as referred to in Administrative Policy 6700, Page 32AP.

Requestor, Name

Signature, Date

Authorized Representative, Name

Signature, Date

Responsible Dean/Director, Name

Signature, Date

For ASO Events Only:

ASO Club Advisor, Name

Signature, Date

NOTE: AT LEAST ONE OF THE INDIVIDUALS PROVIDING APPROVAL FOR THIS EVENT MUST BE IN ATTENDANCE AT THE EVENT AT ALL TIMES