



ANTELOPE VALLEY COLLEGE  
Campus Events Office • 661-722-6300 EXT. 6296  
(FC1 Building)

**FACILITY USE REQUEST FORM - ON CAMPUS GROUPS ONLY**

Completed request must be received in the Campus Events Office a minimum of **3 weeks prior** to event date

Date Facility to be used \_\_\_\_\_

Time facility required (including setup time): \_\_\_\_\_ a.m.  p.m.  to \_\_\_\_\_ a.m.  p.m.

Event starts at \_\_\_\_\_ a.m.  p.m.  Event ends at \_\_\_\_\_ a.m.  p.m.

Security needed for event? Yes  No

Facility to be used: \_\_\_\_\_

Purpose for which facility will be used: \_\_\_\_\_

Expected attendance: \_\_\_\_\_

Name of organization/group \_\_\_\_\_ Phone /Ext \_\_\_\_\_

**SETUP REQUESTED:** YES  NO  **(ATTACH DIAGRAM OF ARRANGEMENT)**

CHAIRS  YES  NO QUANTITY \_\_\_\_\_

TABLES  YES  NO QUANTITY \_\_\_\_\_

OTHER  YES  NO DESCRIPTION OF OTHER ITEMS NEEDED: \_\_\_\_\_

**AUDIO VISUAL EQUIPMENT MUST BE RESERVED THROUGH THE IMC  
COMPLETE ATTACHED IMC REQUEST FORM AND RETURN WITH THIS COMPLETED REQUEST**

The group/organization shall be responsible for damage or unnecessary abuse of school building, grounds or equipment growing out of occupancy of said premises. The group/organization agrees to abide by and enforce the **Rules and Regulations** of the Antelope Valley Community College District governing the use of buildings, grounds and equipment.

Print name of requestor \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name(s) of those responsible & in attendance during event \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name(s) of those responsible & in attendance during event \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

An admission fee, collection or solicitation of funds will  will not  be made. Amount: \$ \_\_\_\_\_ Net proceeds will be used for: \_\_\_\_\_

Fees for security, clean-up and any damages will be charged to:  
FUND # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

Advisor/Dean/Director \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Date clear on calendar? Yes  No  Conflict with other events? Yes  No

Number of officers required: \_\_\_\_\_ Time required: \_\_\_\_\_ a.m.  p.m.  to \_\_\_\_\_ a.m.  p.m.

Maintenance Supervisor \_\_\_\_\_ Date \_\_\_\_\_ Approved: Yes  NO

Admin Initials \_\_\_\_\_ Date \_\_\_\_\_  IMC Initials \_\_\_\_\_ Date \_\_\_\_\_  Security Initials \_\_\_\_\_ Date \_\_\_\_\_  Dept Initials \_\_\_\_\_ Date \_\_\_\_\_