**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*

<table>
<thead>
<tr>
<th>Date Facility to be used:</th>
<th>Time facility required (including setup time):</th>
<th>Event starts at</th>
<th>Event ends at</th>
<th>Security needed for event?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Facility to be used:</th>
<th>Purpose for which facility will be used:</th>
<th>Expected attendance:</th>
<th>Name of organization/group:</th>
<th>Phone / Ext:</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>CHAIRS</th>
<th>TABLES</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ YES</td>
<td>☐ YES</td>
<td>☐ YES</td>
</tr>
<tr>
<td>☐ NO</td>
<td>☐ NO</td>
<td>☐ NO</td>
</tr>
<tr>
<td>QUANTITY</td>
<td>QUANTITY</td>
<td>QUANTITY</td>
</tr>
</tbody>
</table>

**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: ___________________________ Signature: ___________________________ Date: ___________________________

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: ___________________________