



ANTELOPE VALLEY COLLEGE  
Campus Events Office • 661-722-6300 EXT. 6562  
(FC1 Building)

**FACILITY USE REQUEST FORM – PUBLIC REQUEST**

*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

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

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

Name and Billing Address of User: \_\_\_\_\_

**Check facility requested:**

**Phone Number**

**Athletics**

- Gymnasium
- Baseball Field
- Softball Field
- Stadium
- Tennis Courts
- Track

**Student Center**

- Bookstore Hall
- Cafeteria

**Classrooms**

- T-900's
- Board Room (SSV-151)
- Other

**SETUP REQUESTED:** YES  NO  **(ATTACH DIAGRAM OF ARRANGEMENT AND ADDITIONAL INFO AS REQUIRED)**

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

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

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

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 user 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. The user must provide a **Certificate of Insurance** for Comprehensive General Liability in the amount of \$1,000,000, listing the District as an additional insured. User is subject to all applicable parking fees.

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

Print name of requesting party \_\_\_\_\_ 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 \_\_\_\_\_

**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

Certificate of Insurance Provided? Yes  No

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