

FACILITY RESERVATION FORM

SUBMIT TO THE DIRECTOR OF PHYSICAL PLANT AT LEAST **FIVE (5)** WORKING DAYS PRIOR TO THE PLANNED ACTIVITY.

_____ requests use of _____
Individual or Organization *Specific Facility*

on _____ from _____ .m. until _____ .m.
Day *Date*

for the following activity _____

_____. Estimated number in attendance _____

Will special equipment, owned by VC, be needed? Yes No

If yes, explain. _____

Will VC maintenance assistance be required for setup, cleanup, etc? Yes No

If yes, explain. _____

Person responsible for arrangements and facility - (Please Print)

Name *Address* *Phone*

Requested by _____
Signature *Date*

***** **OFFICE USE ONLY** *****

CO-APPROVAL: _____
Signature *Date*

APPROVED BY: _____
Director of Physical Plant *Date*

SERVICE FEE? Yes No Amount \$ _____ Rec'd _____ Date _____ Bus.
Off _____

cc: Custodial Supv. _____
Student Services/Security _____
PBX _____

SPECIAL INSTRUCTIONS: _____

