

San Bernardino Community College District On-Campus Facilities Use Request

NOTE: All information must be included on this form. Do not send separate memos to departments.

Date Submitted _____

Name of Organization _____

Address _____

Telephone (_____) _____

Person in Charge _____

Facility Desired _____

Date(s) Requested _____ Day of Week: M T W TH F SAT SUN

Open Facility _____ AM _____ PM Close Facility _____ AM _____ PM

Security Required Yes _____ No _____ Number of Officers Requested _____

Type of Event _____

Expected Attendance _____

Food Service Requested Yes _____ No _____

Signature of Food Services Supervisor _____

Tables (number) _____ Chairs (number) _____ Extension Cords _____

Flags _____ Podium _____ Piano _____

Band Platform _____ Choral Risers _____ Band/Choral Shell _____

PA System _____ Microphones (number) _____ AV Equipment _____

Other (specify) _____

Provide sketch or special instructions set-up required:

Signature (Faculty advisor if student group) _____

Office Phone (_____) _____ Home Phone (_____) _____

Approved by _____ Date Posted _____ Date Distributed _____