

# REQUEST FOR USE OF COLLEGE FACILITIES FOR INTERNAL ACTIVITIES

This request is mandatory for any internal event held at Three Rivers Community College and should be submitted a minimum of ten (10) days in advance of the event. Fill the form out completely and return to the Dean of Administrative Services for confirmation. Space is not authorized until receipt of an approved copy of the form.

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Day(s) of the week:  Dates of Activity:

Room(s) Requested:

Time of Activity: From   a.m.  p.m. To   a.m.  p.m.

Time of Activity: From   a.m.  p.m. To   a.m.  p.m.

Time of Activity: From   a.m.  p.m. To   a.m.  p.m

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Access to Facility: From   a.m.  p.m. To   a.m.  p.m

Access to Facility: From   a.m.  p.m. To   a.m.  p.m.

Access to Facility: From   a.m.  p.m. To   a.m.  p.m.

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Name of College Organization:

Telephone: *(* *)* *-*

Describe event to be held:

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Open to:  College Community only  General Public Number Expected

Admission or other fee?  Yes  No If yes, how much?

Organization Representative who will be present to supervise event:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Set-up Instructions** – If none needed check this box . If set up required, please indicate all items required and the number of each item desired. List details or special instruction below:

## Details:

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## Food and Beverage Usage – If event involves the use of food or beverages, please describe what is planned, who will provide this food service, and who will be responsible for clean up.

## Details:

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Your signature below affirms that you and your organization understand and agree to abide by all rules governing use of college facilities.

Printed Name:

Title:  Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### FOR OFFICE USE ONLY

Facilities Authorized: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus: Food Service Authorized?  Yes  No

Security  Evening Administrator Required  Maintenance Overtime Required

Approval Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  /  /

Copies to:  Originator  Space Coordinator  Maintenance  Dean  EA Coordinator

Purchasing  Billing  Scheduling  Other: