

## Faculty & Staff Office of Special Events Application for Use of College Facilities

Woodland Hills, CA 91371			
Tel: 818-719-6446 Fax: 818-610-6508	Event Date:		
Fax: 818-010-0508			
Today's Date:	<b>**NOTE:</b> For multiple dates, pleast attach a separate list to this applie		ent:
Name of Event:		Amount of Ti To Setup:	hr
Describe the benefit to the college for	r holding this event:	To Breakdown: Day of Wee	
Describe the benefit to the conege to	initial initia	Day of Wet	Α.
Outside Hosting/Sponsoring Organiz	zation:	# of Partici	pants:
D		Spectators:	
Requestor & Department:		Vehicles:	
Dean's Approval:			
College phone extension:	Fax:	Email:	@ piercecollege.e
Facility Requested:			
<b>**NOTE**</b> If specific setup requirements are nee	eded, please attach a sketch and/or details.		
Are you charging admission? Yes	s: No: If yes, how much	•	
Will you be serving food? Yes	s: No: If yes, now much		
	No Is this a fundraise ion for Fundraising Activity located on the college we	er? Yes No bsite must also be attached	
**If you are an outside organizati For Great Hall	No Is this a fundraise ion for Fundraising Activity located on the college we ion, please complete attached vendo requests, please complete reverse side for	er? Yes No bsite must also be attached to r form on reverse s setup requirements.	ide.
**If you are an outside organizati For Great Hall For microphones, A/V &	No Is this a fundraise ion for Fundraising Activity located on the college we ion, please complete attached vendo	er? Yes No bsite must also be attached to r form on reverse s setup requirements. the IT Department at	ide. x 6496.
**If you are an outside organizati For Great Hall For microphones, A/V & The campus d A Certificate of Insurance and an accompan Commercial Form, minimum limits each occ	No Is this a fundraise ion for Fundraising Activity located on the college we ion, please complete attached vendo requests, please complete reverse side for computer equipment, please arrange with	er? Yes No bsite must also be attached to or form on reverse s setup requirements. the IT Department at available for \$3.00 day s required: General Liab ,000. Certificate must lia	ide. x 6496. ility – Comprehensive of st Pierce College and Lo
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Disabilities Act Amendments Act of 2009. Multimedia must be captioned and includes all media broadcasted, webcast material, video broadcasts, video tapes, and DVDs."

## Layout Guide for the Student Community Center

## Requestor is responsible for the arrangement, pickup and return of audio/visual and computer CETTOTICE TO TO equipment from the CLEECTER D Information Technology CEEDCELOOD Department, 719-6496. Requestor is also CLETCELET CTTTTTT responsible for the arrangement, pick-up, return and payment for any additional rental tables, chairs. and $\bigcirc$ required equipment necessary to support their 00000000000000000 activity/event. Sample Dining Room with Dais Sample Theatre Style or Presentation Please out line your setup using the **Format Setup** samples provided. There are a maximum of 2 Indicate Equipment Needed: mics, 15 tables and 170 Sample size of the fixtures Number of Tables: Number of Chairs: b: chairs for use within the a. 6X2.5 Table Round table chairs Student Community 0 Center. They may not be removed from the room. **Indicate Facilities Required** 33 gallon trash cans **YES YES** HVAC Sprinklers turned off at site **YES YES** Restrooms **YES** Cleanup

In order for our system to accept your payment, please fill out this form

Colleges	Create Ven	dor Form
NOTE: * = required information; m	ust enter information	
* Legal Name of Vendor:		* ADDRESS INFORMATION
* Taxpayer Identification Number		Main Address
Social Security Number OR	li	Address:
Employer Identification Number:		City:
* Telephone Number:		State:
Contractor License Info: Class:	License No:	Zip:
SALES CONTACT	A/P Contact	
* Person/Name:	Person/Name:	
* Telephone Number:	Telephone Number:	
* FAX:	FAX:	

## NOTE