

## Office of Special Events

6201 Winnetka Avenue  
Woodland Hills, CA 91371  
Tel: 818-710-2860

## Faculty & Staff

### Application for Use of College Facilities

**Event Date:**

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<b><u>Today's Date:</u></b>		<b>**NOTE:</b> For multiple dates, please attach a separate list to this application.	<b><u>Time of Event (Start and End):</u></b>	
<b><u>Name of Event:</u></b>			<b><u>Amount of Time</u></b> To Setup: _____ hrs To Breakdown: _____ hrs	
<b><u>Department Holding the Event:</u></b>			<b><u>Day of Week:</u></b>	
<b><u>Event Requestor &amp; Single Point of Contact (SPOC):</u></b>			<b><u># of Participants:</u></b> _____	
			<b><u># of Spectators:</u></b> _____	
<b><u>Location(s) of Event:</u></b>			<b><u># of Vehicles:</u></b> _____	
<b><u>Dean's Approval:</u></b>				
<b><u>Phone # or Extension:</u></b>		<b>Email:</b> _____ @lapc.edu		
<b><u>Additional Event Details:</u></b>				
<b>**NOTE**</b> If specific setup requirements are needed, please attach a sketch and/or details.				
<b><u>Support Services Requested (a/v, custodial, security, catering, tables, chairs, canopies, etc.):</u></b>				
<b><u>Funding Source for Support Services or Food Vendors (Fund - Cost Ctr - GL Acct):</u></b>				
<b><u>Are you charging admission?</u></b> <b>Yes:</b> <b>No:</b> If yes, you will need to hire personnel from the Business Office				
<b><u>Is this Event a Fundraiser?</u></b> <b>Yes:</b> <b>No:</b> If yes, this Facilities Application must be accompanied with an Application for Fundraising Activity and the P&L Statement Forms.				
<b><u>Will you be serving food?</u></b> <b>Yes:</b> <b>No:</b> If your food purchase for this event will be through an outside vendor, please provide the Funding Source.				

**For Great Hall & Bldg 600 requests, please complete attached sheet for setup requirements.  
For microphones, A/V & computer equipment, please arrange with the IT Department at x6496.**

e-mail completed and approved forms to: [illouzd@piercecollege.edu](mailto:illouzd@piercecollege.edu) & [Fleminca@laccd.edu](mailto:Fleminca@laccd.edu)

## CAMPUS EVENT REQUEST FORM

Today's Date: \_\_\_\_\_

*This notification will be reviewed in terms of budget availability for any costs associated with the event. The signature does not constitute the approval for the event. The requester must submit the necessary documentation/forms to the Campus Event Coordinator for a permit or contract as applicable.*

To: College President

Requester/Owner: \_\_\_\_\_

Organizer: \_\_\_\_\_

Department: \_\_\_\_\_

Event Owner (if external): \_\_\_\_\_

<b>1. EVENT DATE(S):</b> _____	<b>TIME:</b> _____	<b>LOCATION:</b> _____		
<b>TYPE OF ACTIVITY:</b> (Select all that apply)	On Campus	Off Campus	College Program (Academic)	Non-College Program Enterprise Other
<b>EVENT NAME AND DESCRIPTION:</b> _____				

**PURPOSE OF THE EVENT AND BENEFIT TO THE COLLEGE (include SMP Goals and Learning Outcomes):**

### 2. BUDGET / RESOURCE INFO: NOTES

FUNDING SOURCE \_\_\_\_\_  
Fund      G/L      Cost Ctr

REVENUE: \$ \_\_\_\_\_

\*COST: \$ \_\_\_\_\_

**\*COST DETAILS:** Facilities \$ \_\_\_\_\_ Labor Support \$ \_\_\_\_\_ Security \$ \_\_\_\_\_

Equipment \$ \_\_\_\_\_ Catering \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

PROFIT/LOSS \$ \_\_\_\_\_

None \_\_\_\_\_

### APPROVALS:

Dean / Supervisor \_\_\_\_\_

Date \_\_\_\_\_

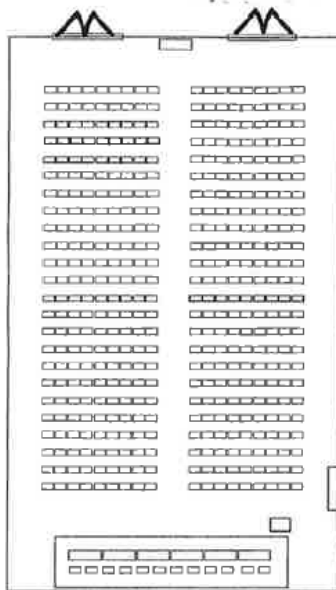
Division VP \_\_\_\_\_

Date \_\_\_\_\_

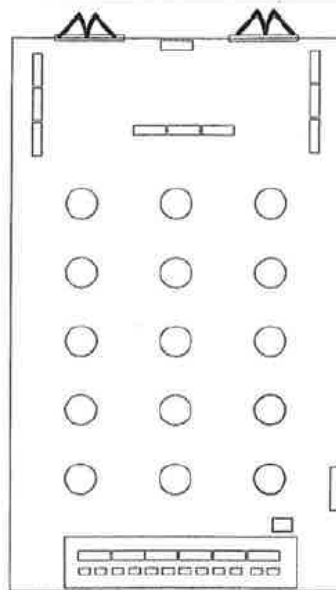
President \_\_\_\_\_

Date \_\_\_\_\_

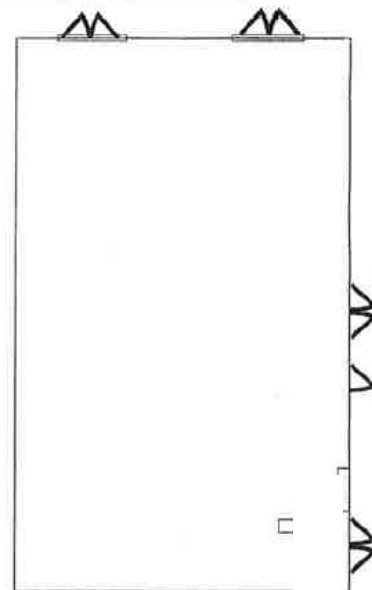
# LAYOUT GUIDE FOR THE GREAT HALL



**Sample Theatre Style or Presentation Format Setup**



**Sample Dining Room with Dais**



**Please outline your setup using the samples provided.**

**Indicate Equipment Needed:**

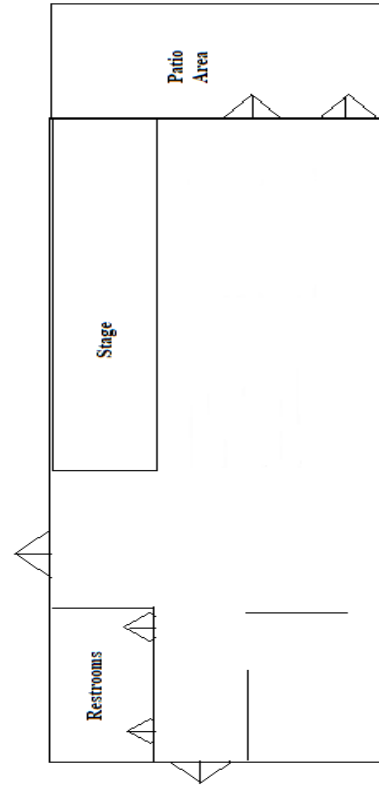
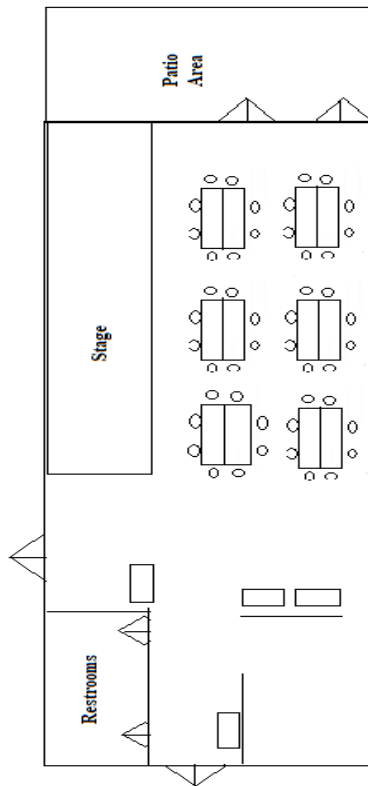
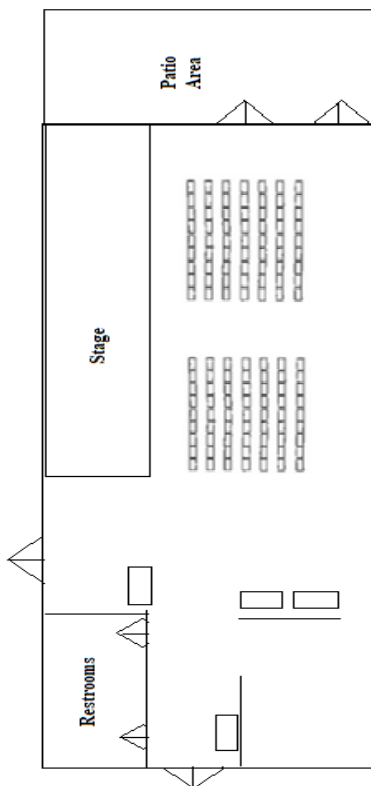
Sample size of the fixtures  
Round table    chairs    6X2.5 Table

a. Number of Chairs:

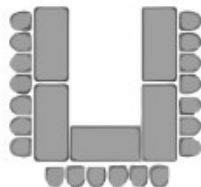
b. Number of Tables:



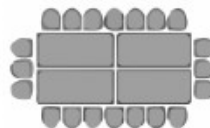
# LAYOUT GUIDE FOR THE 600 BUILDING



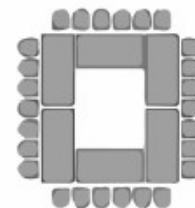
**Meetings Set-up:**



**U-Shape**



**Boardroom**



**Hollow Square**