

**STUDENT LIFE FACILITIES REQUEST FORM**  
 LAS POSITAS COLLEGE STUDENT GOVERNMENT (LPCSG)/INTER-CLUB COUNCIL (ICC)

**Club/Organization Name:** \_\_\_\_\_

**Event Title:** \_\_\_\_\_

**Event Type:**      Meeting     Fundraiser\*     Social     Travel\*  
                           Other \_\_\_\_\_

\*Please contact the Student Life Office to set up a meeting to discuss policies/procedures to obtain approval.  
 Additional forms are required.

**Event Date(s):** \_\_\_\_\_

Per the Student Club Handbook, a Facilities Request form must be completed, signed by the club advisor, and submitted to the Program Coordinator of Student Life and Leadership or designee no later than ten (10) business days prior to the activity, event, or meeting. College holidays are not included.

When an activity must be cancelled or rescheduled, student clubs must notify their club advisor as well as the Program Coordinator of Student Life and Leadership or designee immediately and no later than three (3) business days prior to the scheduled activity, event, or meeting.

All requests are subject to availability and the Administrative Services Office review.

**Event Start Time:** \_\_\_\_\_                      **Event End Time:** \_\_\_\_\_

**Is additional set-up/tear down time required:**    Yes \_\_\_\_\_    No \_\_\_\_\_

**Set-up start time:** \_\_\_\_\_                      **Tear down end time:** \_\_\_\_\_

**How many attendees are you expecting:** \_\_\_\_\_

**Location (1<sup>st</sup> Choice):** \_\_\_\_\_                      **Location (2<sup>nd</sup> Choice):** \_\_\_\_\_

**EVENT RESOURCES- Indicate how many of each item needed**

- Tables \_\_\_\_\_                       Chairs \_\_\_\_\_                       Canopy \_\_\_\_\_  
 Trash Can \_\_\_\_\_                       Recycle Bin \_\_\_\_\_                       Sound System                       Microphone  
 Other \_\_\_\_\_

**Requester Name:** \_\_\_\_\_                      **Phone #:** \_\_\_\_\_

**Requester Signature:** \_\_\_\_\_                      **Email:** \_\_\_\_\_

**Advisor Name:** \_\_\_\_\_                      **Advisor Email:** \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_                      **Submission Date:** \_\_\_\_\_

**>> CONFIRMATION NOTICE WILL BE SENT TO ADVISOR WHEN APPROVED<<**

***For Office Use Only***

Date Received by Student Life Office: \_\_\_\_\_                      Staff Initial: \_\_\_\_\_

Date Entered into 25Live: \_\_\_\_\_                      Staff Initial: \_\_\_\_\_