

ASLPC/ICC CLUB REQUEST FOR USE OF FACILITIES, EQUIPMENT & SUPPORT

Club Name _____ Date of application _____

Applicant _____ Phone Number _____

Title of Activity _____

Briefly describe activity/purpose: _____

Open to Public? YES NO Registration Fee? _____ Admission Fee? _____ Est. # of Attendees: _____

Merchandise to be sold or distributed? _____

Proceeds used for: _____

(See College Administrative Office for Cash Handling Procedures)

DAY OF WEEK	MONTH/DATE	ENTRY TIME	EVENT TIME	EXIT TIME	# TABLES	# CHAIRS	# TRASH CANS

SELECT FACILITIES FOR WHICH YOU ARE APPLYING

For multiple facilities, please provide room number on back of form.

- | | | |
|---|---|---|
| <p><u>STUDENT CENTER (B.1700)</u></p> <p><input type="checkbox"/> LARGE DINING ROOM</p> <p><input type="checkbox"/> SMALL DINING ROOM</p> <p><input type="checkbox"/> CLUB ROOM</p> <p><input type="checkbox"/> PATIO</p> | <p><input type="checkbox"/> 2401 READING ROOM (after 6 p.m.)</p> <p><input type="checkbox"/> 2420 LECTURE HALL</p> <p><input type="checkbox"/> MEETING ROOM # _____</p> <p><input type="checkbox"/> CLASSROOM # _____</p> <p><input type="checkbox"/> OTHER _____</p> | <p><input type="checkbox"/> 801 THEATER</p> <p><input type="checkbox"/> 802 DRESSING ROOM</p> <p><input type="checkbox"/> ATHLETIC FIELD</p> <p style="padding-left: 20px;"><input type="checkbox"/> w/Field Lights</p> <p><input type="checkbox"/> GYMNASIUM</p> |
|---|---|---|

EQUIPMENT REQUIRED

Only equipment requested and authorized will be provided. List amount and type where appropriate.

- | | | |
|--|---|---|
| <p><input type="checkbox"/> Blackboard/Whiteboard</p> <p><input type="checkbox"/> Podium</p> <p><input type="checkbox"/> Lectern</p> <p><input type="checkbox"/> BBQ</p> | <p><input type="checkbox"/> Choral Risers # _____ size _____</p> <p><input type="checkbox"/> Seat Risers # _____ size _____</p> <p><input type="checkbox"/> Music Stand # _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> w/lights</p> <p style="padding-left: 20px;"><input type="checkbox"/> w/o lights</p> | <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Piano _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Grand _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Upright _____</p> |
|--|---|---|

EQUIPMENT AND TECHNICAL SUPPORT DESIRED

College employees or student technicians will be provided at established hourly rates to operate equipment.

No other person shall be authorized to operate college owned equipment.

- | | | |
|--|---|--|
| <p><input type="checkbox"/> Projector **</p> <p style="padding-left: 20px;"><input type="checkbox"/> 16 mm</p> <p><input type="checkbox"/> Overhead</p> <p><input type="checkbox"/> Slide</p> <p><input type="checkbox"/> Video</p> <p><input type="checkbox"/> Data</p> | <p><input type="checkbox"/> Screen</p> <p><input type="checkbox"/> Cassette Player **</p> <p><input type="checkbox"/> Sound System **</p> <p><input type="checkbox"/> Camcorder **</p> <p><input type="checkbox"/> Videoconference **</p> <p><input type="checkbox"/> Other _____</p> | <p><input type="checkbox"/> Microphone ** # _____ type _____</p> <p><input type="checkbox"/> Tune Piano pitch _____</p> <p><input type="checkbox"/> Theater Drape</p> <p style="padding-left: 20px;"><input type="checkbox"/> Open</p> <p style="padding-left: 20px;"><input type="checkbox"/> Closed</p> <p style="padding-left: 20px;"><input type="checkbox"/> Moveable</p> <p style="padding-left: 20px;"><input type="checkbox"/> Theater</p> <p style="padding-left: 20px;"><input type="checkbox"/> House Lights *</p> <p style="padding-left: 20px;"><input type="checkbox"/> Special Lights ***</p> |
|--|---|--|

* House lights are florescent with no dimming. ** Contact 424-1652 in advance to discuss. *** Includes info and instructions.

Describe technical needs of requested equipment. Include information and plans for location/arrangement of equipment. Attach additional equipment and support requests, sketches or plans, if necessary: _____

I HEREBY CERTIFY that I have read and agree to abide by and to enforce the rules, regulations, and policies for the Board of Trustees of the District as stated in the FACILITY POLICIES DOCUMENT.

Applicant's Signature _____ Advisor's initials _____ Date _____

Student Life Advisor Signature _____ Date _____

Vice President Student Services Signature _____ Date _____

Date Posted on LPC Activity Calendar: _____ Location/Banner ID: _____ Date _____

DISTRIBUTION: Security*Maintenance*Custodial*Grounds*Audio/Visual*Theater*Stu/Serv*Student Life Adv*Athletics*User