

## 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 ☐ 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 and approval process.**

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

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

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

Estimated number of attendees are you expecting: \_\_\_\_\_

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

Club advisors may review if a college facility is available by clicking on the following website:

<https://25live.collegenet.com/clpcd/>.

Access to 25Live is required to utilize this feature. Username: studentlifeuser Password: authorized

Information on how to search for locations and resources is available by clicking on the following website:

<http://www.laspositascollege.edu/facilities/assets/docs/howtosearcheventslocation.pdf>

### EVENT RESOURCES- Indicate the number of each item needed

Tables \_\_\_\_\_ Chairs \_\_\_\_\_ Canopies \_\_\_\_\_ Trash Cans \_\_\_\_\_  
Recycle Bins \_\_\_\_\_ Sound Systems \_\_\_\_\_ Microphones \_\_\_\_\_  
Other \_\_\_\_\_

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

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

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

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

>> A CONFIRMATION NOTICE WILL BE SENT TO ADVISOR WHEN REQUEST HAS BEEN APPROVED<<

### *For Office Use Only*

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

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