

SAN BERNARDINO COMMUNITY COLLEGE DISTRICT



**San Bernardino Valley College**

**On-Campus Facilities Use Request  
ATTACHMENT "B"**

Date Submitted: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Multiple Dates:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Instructions, Revisions, Changes, or Cancellations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: If requesting revisions, changes, or cancellation, obtain below signature.

Authorized Signature (Coordinator of Student Activities, if Student Group):

X \_\_\_\_\_