

J. Facilities Use Request Form

SAN BERNARDINO COMMUNITY COLLEGE DISTRICT



San Bernardino Valley College
On-Campus Facilities Use Request

Received Stamp Box

Submit completed form to Facility Use Office at least ten (10) working days prior to the requested use. Revisions, changes or cancellations require in writing, at least (5) working days notice, prior to the requested use.
Note: All information must be included on this form. Do not send separate memos to department

Date Submitted: _____

Equipment Requested: (Indicate number of pertinent items)

Name of Organization: _____

CUSTODIAL/MAINTENANCE

GROUNDS

Person in Charge: _____

Dept. and Room #: _____

Telephone: () _____

Facility Desired: _____

- _____ Tables
- _____ Platform
- _____ Podium
- _____ Flags
- _____ Other
- _____ Transportation of materials/equipment/ Food/helium tanks/etc.

- _____ Trash Cans
- _____ Trash Dumpsters
- _____ Barricades
- _____ Traffic Cones
- _____ Traffic Poles
- _____ Signs Posted
- _____ Bleachers
- _____ Bar BQ
- _____ EZ Ups

Date(s) Requested: **If multiple dates, see Attachment "B"**

Day of Week: M T W Th F Sat Sun (Circle One)

Time Event Starts: _____

Time Event Ends: _____

Open Facility: _____ AM _____ PM

Close Facility: _____ AM _____ PM

Type of Event: (Describe Particulars) _____

AUDITORIUM

_____ Theater Tech *

* 1 tech required, if requesting auditorium

AUDIO VISUAL

- _____ PA System
- _____ Microphones
- _____ AV Equipment
- _____ Extension Cords/Only if AV equipment requested

Circle if pertains to your event: Music; Food; Fundraising; Off Campus Guest(s)

Expected Attendance: _____

Open to the public: Yes _____ No _____

Will admissions fees, contributions, or membership dues be collected: Yes _____ No _____

Amount of charge: \$ _____

How will proceeds be used? _____

COLLEGE POLICE

Security Required: Yes _____ No _____
Officer(s) _____

CAFETERIA

_____ Cafeteria/Snack Bar _____ Sun Room
Food Service Requested: Yes _____ No _____

If answer is yes:
**Contact Cafeteria Manager at 384-8671
Or Chef for Sun Room at 384-8695 and
Obtain Appropriate Signature below:**

Signature of Cafeteria Manager: _____

X _____
Office Phone: () _____ Ext. _____

OR
Signature of Chef: _____

X _____
Office Phone: () _____ Ext. _____

Community Applications/Vendor Use (Circle One)

Set-up of facilities: Yes _____ No _____

If answer is yes:
**Attach Detailed Diagram, See "Attachment A"
For Special Instructions, Revisions, Changes, or
Cancellations, See "Attachment B"**

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

X _____
Office Phone: () _____ Ext. _____

Direct Cost	
Fee's Estimated: Security	\$ _____
Custodial	\$ _____
Grounds	\$ _____
Technician	\$ _____
Other	\$ _____
Total Estimated Fees	\$ _____

Distribution: Original/Facility Use Office

OFFICE USE ONLY

Facility _____

Date Scheduled _____ Cancellation Date _____

Prepared by _____ Approved by _____

Yellow/Your Copy Upon Approval

Form: FU020701-02