

Date of Use: _____

Agency/Individual Name _____

Contact Name _____

Phone Number _____

Date of Request: _____

- Requested Area(s):
- Pool
 - Gym
 - Conference Room(s)
 - Study Gallery
 - Lounge
 - Cardio Room
 - Student Senate Room

Duration: Beginning & Ending Times (Specify AM/PM)

Start Time _____ End Time _____

Agency/Individual Address:

Name: _____

Street: _____

City/State/Zip: _____

Bus. Phone: _____

- Requested Services:
- Podium
 - Microphone
 - Projector
 - Video Conferencing
 - Screen
 - Network

Agency/Individual Classification

Profit Non Profit

Office Use Only

Estimated Fees:

Room Rental _____

Gym Rental _____

Pool Rental _____

Staffing/Maintenance _____

TOTAL AMOUNT DUE _____

Deposit Amount _____

Amount Due in Full _____

Amount Due Date: _____

Date Received: _____

Additional Information

Proof of: Liability Insurance
 Daily Food Service License

Set Up Required: Yes No

- See attached diagram(s)
- Ground Floor/Lounge
 - Top Floor/Conference Room(s)
 - Gym

- Copies Sent To:
- President's Administrative Assistant, Linda Gustafson
 - Dean of Instruction, Ken Trzaska
 - Dean of Students, Jeanne Graham
 - Maintenance, Rod Smith
 - Library, Walt Lessun
 - Director of LSC, Dorie Fornero
 - Dean of Admissions, Kim Zeckovich
 - Technology Specialist, Barry Nelson
 - Computer Services, Kathie Munn

Internal Transfer:
Requested by: (internal transfer only)

Approval Signature: _____

Approval Date: _____

Organization Signature: _____

Date: _____