

**EVENT FACILITY FORM -- COMPLETED BY APPLICANT**

<b>DATE OF EVENT</b>	<b>DAY OF WEEK</b>	<b>SETUP TIME</b> Room Open	<b>BEGIN EVENT</b>	<b>END EVENT</b>	<b>VACATING TIME</b>	<b>ROOM NUMBER</b> Or Description	<b>TYPE OF ACTIVITY</b>

**Organization/Dept Name:** \_\_\_\_\_

**Event Name:** \_\_\_\_\_

**Requester:** \_\_\_\_\_

**Event Supervisor:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Attendance max. expected: Adults** \_\_\_\_\_ **Students** \_\_\_\_\_ **Total** \_\_\_\_\_

**Admission Charge \$** \_\_\_\_\_ **Food:** \_\_\_Yes \_\_\_No **Vendors:** \_\_\_Yes \_\_\_No

**Event Purpose:** \_\_\_\_\_

**Event Format/Type/Activities:** \_\_\_\_\_

**Phone Number:** [\_\_\_\_\_] \_\_\_\_\_ **\*Email** \_\_\_\_\_

**Describe Vendor Services:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_ **Non-Profit?** \_\_\_Yes \_\_\_No

**Directions:** Attach additional pages if needed. Attach room set up schematics. Specify any equipment requests.

**Note:** This permit does include use of parking lots. Hourly parking fees may apply.

**Emergency Phone** *SBCC - Security Ext. 2400 (Yellow Phone)/ 730-4200 (Outside)*

**Notify Security of any accidents, emergencies.**

**By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**(Please sign)**