## FACILITY RESERVATION FORM



Submit to the Director of Physical Plant at least **Five** (5) working days prior to the planned activity.

		reque	sts use of			
Individual or Organization				Specific F	acility	
on			from	m. u	ıntilm.	
Day		Date				
for the following activity _						
		Estimated number in attendance				
Will special equipment, owne	d by VC, be need	led? Yes	No			
If yes, explain.						
Will VC maintenance assistar  If yes, explain.	•			No		
	Person responsible fo	or arrangements and fac	ility - (Please Print)			
Name		Address			Phone	
Requested by		Signature			Date	
* * * * * * * * * * * * * * * *	* * * * * O F F I C	_	L Y * * * * *	* * * * * * *	******	
CO-APPROVAL:						
		Signature			Date	
APPROVED BY:		Director of Physical Plant				
SERVICE FEE? Q Yes	Q No	Amount	\$ Rec'd	Date	Bus. Off	
cc: Joey Lama		Instructional Services				
Student Services/Security PBX					copied	
SPECIAL INSTRUCTIONS:						

Updated: 08/17/2023