VERNON COLLEGE

FACILITY RESERVATION FORM

SUBMIT TO THE DIRECTOR OF PHYSICAL PLANT AT LEAST FIVE (5) WORKING DAYS PRIOR TO THE PLANNED ACTIVITY.

______________________________________________ requests use of ________________________________

on ____________________________ from ________m. until ________.m.

Day Date

for the following activity __________________________________________________________

Estimated number in attendance ____________

Will special equipment, owned by VC, be needed? ☐ Yes ☐ No

If yes, explain. ________________________________________________________________

Will VC maintenance assistance be required for setup, cleanup, etc? ☐ Yes ☐ No

If yes, explain. ________________________________________________________________

________________________________________________________________________________________

Person responsible for arrangements and facility - (Please Print)

_________________________ ___________________________ _________________
Name Address Phone

Requested by ___________________________ ________________________________ Date

Signature

******************************************OFFICE USE ONLY******************************************

CO-APPROVAL: ___________________________ ________________________________ Date

Signature

APPROVED BY: ___________________________ ________________________________ Date

Director of Physical Plant

SERVICE FEE? ☐ Yes ☐ No Amount $ _______ Rec'd _____ Date _____ Bus. Off _____

cc: Joey Lama

Student Services/Security

PBX

SPECIAL INSTRUCTIONS: ________________________________________________________________