

Date(s) to be used: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Building/Room requested: \_\_\_\_\_

Please circle below additional needs and amount such as (projector/screen/sound system/extra tables and/or chairs, extra security)

Requestor: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Address: \_\_\_\_\_

Number of participants expected: \_\_\_\_\_

Department/Division/Organization: \_\_\_\_\_

Type of Activity: \_\_\_\_\_

If this is a workshop, will Continuing Education credits be given? Yes  No

On behalf of the above named organization, I acknowledge, understand and accept the terms of this procedure and agreement. I represent that I am duly authorized to execute this Agreement on the organization's behalf.

Signature of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

Signature of Division Chair/Supervisor \_\_\_\_\_ Date \_\_\_\_\_

If use of classroom(s) is requested, this agreement requires prior approval by the Academic Affairs Executive Administrative Assistant.

Classroom(s) Assigned: \_\_\_\_\_ Executive Admin Assist, Academic Affairs

\*If Continuing Education Credits (CEU) are to be given, this agreement requires the signature of the Continuing Education Representative to verify BCC sponsored programming.

BCC Sponsored Non-Sponsored CEU Committee Rep

Building Deposit: \$ \_\_\_\_\_ Usage Fee: \$ \_\_\_\_\_

Security required:  Yes  No Insurance Required:  Yes  No

Facilities Director \_\_\_\_\_ Date \_\_\_\_\_  Approved  Denied Reason (if denied)

Facilities, Infrastructure, \_\_\_\_\_ Date \_\_\_\_\_ Auxiliary Committee Chair

**\*Facility Use Forms are to be turned in 1 month ahead of time from the requested date(s).\***

The designated weekend person is the only contact to open for the weekend. Please do not contact any other employee that is not scheduled to work requested activity/event.

The designated support staff will only wait 15 minutes after the time submitted on this form.