

COMMUNITY COLLEGE OF PHILADELPHIA
OFFICE OF STUDENT LIFE
ROOM: S1.12, ext. 8212

REQUEST FOR FACILITIES USAGE

DATE

ADVISOR SIGNATURE

NAME OF CLUB/ORGANIZATION

TELEPHONE NO.

CONTACT PERSON (CLUB/ORGANIZATION)

TITLE

TELEPHONE NO.

CONTACT PERSON (OFFICE OF STUDENT LIFE)

TITLE

TELEPHONE NO.

DATE(S) REQUESTED:

TYPE OF EVENT (i.e. Lecture, Workshop, Meeting, Conference, Party):

NO. ATTENDING:

START TIME:

END TIME:

FACILITIES REQUESTED:

FACILITIES SETUP:

AUDIO VISUAL EQUIPMENT?

YES___

NO___

IF YES, WHAT TYPE OF EQUIPMENT: _____

WILL THERE BE EATING?

YES___

NO___

IF YES, CATERING PREFERRED: _____

SPECIAL COMMENTS:

DO NOT WRITE BELOW THIS LINE

OFFICE USE ONLY:

Revised
7/28/04
pfw