

APPLICATION FOR USE OF FACILITIES

<input type="checkbox"/> MAIN CAMPUS <input type="checkbox"/> Student Activity Ctr. <input type="checkbox"/> Teaching Auditorium <input type="checkbox"/> Conference Room <input type="checkbox"/> Class Room	<input type="checkbox"/> DINAH E. GORE FITNESS CENTER <input type="checkbox"/> Gymnasium <input type="checkbox"/> Lap Pool <input type="checkbox"/> Shallow Pool <input type="checkbox"/> Class Room	<input type="checkbox"/> ODELL WILLIAMSON AUDITORIUM <input type="checkbox"/> Auditorium <input type="checkbox"/> Lobby <input type="checkbox"/> VW Event Rm. 1 <input type="checkbox"/> VW Event Rm. 2	<input type="checkbox"/> LELAND CENTER <input type="checkbox"/> Class Room <input type="checkbox"/> Conference Rm. <input type="checkbox"/> Computer Lab <input type="checkbox"/> Manufacturing Bay	<input type="checkbox"/> SOUTH BRUNSWICK ISLES CENTER <input type="checkbox"/> Class Room <input type="checkbox"/> Computer Lab <input type="checkbox"/> Banquet Room <input type="checkbox"/> Parking Lot	<input type="checkbox"/> Southport <input type="checkbox"/> BETC
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Other Please Specify _____

Event: _____

Organization/Individual _____

Classification: Profit Individual Non-Profit Government BCS BCC

Event Date (s) _____ Day (s) M T W Th F Sa Su

Contact Person _____ Ph. # _____

Address _____ City _____ State _____ Zip _____

Email _____ Fa x _____

Time In _____ Event Start Time _____ Event End Time _____ Time Out _____

Additional time for setup and breakdown _____

Approximate number attending event _____

Describe your event _____

List equipment needed _____

Will alcohol be served? Yes No (Student Center, VWEC, SBIC, Fitness Center, Leland Center and Southport Center only)

Read bcc alcohol policy carefully

If yes to the previous question, please list insured caterer or certified bartender that will supply this service. (Required)

_____ PH. # _____

Will food be served? Yes NO Caterer Name _____ PH. #. _____

Will you need access to catering kitchen? (VWEC & SBIC only) YESNO

Additional needs or requests _____

BCC SIGNATURES REQUIRED FOR APPROVAL. PLEASE ALLOW 3 DAYS FROM TIME OF RECEIPT FOR REPLY.

FACILITY DIRECTOR/MANAGER DATE

FACILITY VP (IF APPLICABLE) DATE

EXECUTIVE DIRECTOR CAMPUS EVENTS DATE