## MOORPARK COLLEGE IN-HOUSE FACILITY USE FORM

## Before submitting this form, please read the following information carefully:

- This form is a request only and is not considered approved until confirmation is received from the MC Business Services Office.
- Student organizations should submit facility request forms at least 7 working days in advance for weekday events and 15 working days in advance for weekend or holiday events to ensure reservation is booked on time.
- · No food may be sold or given away for any meeting or event without authorization from the MC Business Services Office.
- If your event requires a particular set-up, please diagram on an attached sheet precisely how you want the facility arranged.
- If your event/activity requires specific IT needs, have your advisor email MCHelpDesk@vcccd.edu with the request.

Organization name:	Today's date:				
Event name/type:					
Brief description:					
Facility requested:					
<u> </u>		•			
Day of week:	Date(s) requested:	Set-up time:	Start time:	Time out:	
				_	
			-	_	
Estimated number of po	eople in attendance:				
Are you flexible on you	r start/end times, so long as they'	re close to your original ti	mes? Yes	No	
Are you flexible on you	r specified facility requested, so lo	ong as a similar space is av	railable? Yes	No	
FILL OUT THIS	S SECTION IF YOU AR	RE SERVING FOO	DD:		
Do you plan to serve fo	od at your event/activity? (Circle	one) Yes No			
indoor space that food is a	se continue to the next question. If you allowed in is the Campus Center Confe classroom space before or after the ev	erence Room. For any other in		-	
Will the food be for a c	losed group of people (e.g., meml	pers and invited guests on	ly)? Yes	No	
If you selected "Yes", pleas	se indicate the type of food that you pl	an to serve:			
"open/public" events on th	w the Ventura County Environmental Fine Resources for clubs page ( <a href="www.mog">www.mog</a> pe the type of items you wish to serve,	orparkcollege.edu/clubs). Afte	er reviewing the requ	ired permit	
FILL OUT THIS	S SECTION IF YOUR E	VENT/ACTIVITY	' IS OUTSIE	DE:	
Request that the athleti	ic field or quad not be watered (Ci	rcle one)	Yes No		
Do you need access to a	a facility or parking area that may	be fenced-in or locked?	Yes No		
If yes, please specify the lo	ocation(s):				
Applicant name	Advisor name	Facili	Facility or Student Activities signature		
Applicant signature	Advisor signature	Phor	Phone # of contact person		