



RIVERSIDE COMMUNITY COLLEGE

TO:

FACILITIES UTILIZATION OFFICE

4800 Magnolia Avenue
Riverside, California 92506
(909) 222-8498

IMC
Food Service
Custodial
Grounds
Maintenance
Safety and Police

REQUEST FOR USE OF COLLEGE FACILITIES

Please type or use ballpoint pen

FACILITY REQUESTED			
DATE(S) OF USE			
TIME(S) FACILITY MUST BE OPENED		TIME(S) FACILITY MUST BE CLOSED	
ACTUAL TIME OF EVENT		ACTUAL TIME EVENT ENDS	
DESCRIPTION OF ACTIVITY			
Will admission fees, contributions or membership dues be collected?		YES	NO
Anticipated Attendance			
If yes, for what will the proceeds be used?			
Name of Organization _____ Representative and Title/Advisor Name _____ Number and Street Name _____ City _____ State _____ Zip _____ Phone _____ Ext. _____		PLEASE NOTE: 1. <u>APPROVAL IS NOT GRANTED UNTIL SIGNED COPY IS RETURNED TO THE REQUESTER.</u> 2. FEES DUE FOURTEEN DAYS PRIOR TO USE. (Prices subject to change each year.) 3. PLEASE notify Facilities Utilization Office IN WRITING as soon as possible in the event of cancellation. 4. Please submit this form at least 2 weeks prior to event. Changes accepted until 7 days before event.	

EQUIPMENT REQUESTED (INCLUDE NUMBER OF ALL PERTINENT ITEMS. ATTACH FLOOR PLAN SKETCH)

___ # of Chairs	<input type="checkbox"/> Projector () Overhead () Slide () 16mm	<input type="checkbox"/> Outdoor Power Source
___ # of Tables	<input type="checkbox"/> Video Projector (for use with computer)	<input type="checkbox"/> Blackboard
___ Floor Lectern(s)	<input type="checkbox"/> Microphone(s)	<input type="checkbox"/> Easel and Pad
___ Table Lectern(s)	<input type="checkbox"/> Screen	<input type="checkbox"/> Field or <input type="checkbox"/> Track Lined

Special Arrangements or Additional Services Requested: _____

The below signed is subject to all the conditions and fees set forth by Board Policy 8005 governing the use of Riverside Community College facilities and to any special conditions stated below:

Signed _____

Date _____

Charges:	Office Use Only
Basic Estimated Fee \$ _____	LOGGED _____ Revised _____ Canceled _____
Security _____	Received Liability Insurance _____ Hold Harmless _____
Custodial _____	Notes: _____
Technicians _____	
Other _____	
TOTAL ESTIMATED FEE \$ _____	
Approvals:	
Department _____	Signature _____ Date _____
Facilities _____	Signature _____ Date _____

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