

**COLLEGE OF THE CANYONS  
ON-CAMPUS FACILITY REQUEST FORM  
Civic Center Department, Ext. 3240**

Date of Request: \_\_\_\_\_ Name of Requestor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Organization: \_\_\_\_\_

Nature of Event/Name of Group: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Supervision by: \_\_\_\_\_

I/We agree to abide by and conform to all rules and regulations concerning use of District property and will reimburse the District for any costs due to violation of said rules and regulations:

\_\_\_\_\_  
*Signature of Responsible Party*

\_\_\_\_\_  
*Signature of Division Chair, Department Head (if necessary)*

Facilities Reserved	Date	Hours of Event	Hours of Set-Up	Comments/Special Arrangements

**EQUIPMENT REQUIRED:**

_____ Number of Tables	_____ Tape Recorder	_____ Computer (PC or Mac)
_____ Number of Chairs	_____ CD Player	_____ Software
_____ Mike	_____ Projection Screen	_____ Computer Projection System
_____ Podium	_____ Slide Projector	_____ Internet Access Required
_____ Spotlight	_____ Flipchart	_____ Power Point Presentation
_____ Stage		
_____ Piano	Other: _____	

**SEATING (attach diagram if necessary):**

\_\_\_\_\_ Conference  
 \_\_\_\_\_ Classroom  
 \_\_\_\_\_ Theatre  
 \_\_\_\_\_ Other

**Date Copies Sent:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OFFICE USE ONLY**

Approved for Calendar: \_\_\_\_\_ Date: \_\_\_\_\_