



DEPARTMENTAL FACILITY USE REQUEST

REQUESTER INFORMATION		
EMPLOYEE NAME	PHONE EXT.	EMAIL ADDRESS
		@batestech.edu
DEPARTMENT	BUDGET CODE	

EVENT DETAILS		
DATE OF EVENT	DAY OF THE WEEK M T W TH F SA	EVENT TITLE
REQUESTED ACCESS TO ROOM/SET-UP TIME:	EVENT START TIME:	EVENT END TIME:
NUMBER OF ATTENDEES	CAMPUS CENTRAL DOWNTOWN SOUTH	SPACE DESIRED
IS THERE A FEE CHARGED FOR VENDORS OR ATTENDEES TO PARTICIPATE? YES NO		IS ALCOHOL BEING SERVED? YES NO

EVENT PURPOSE – WHO IS THE EVENT’S AUDIENCE AND WHAT IS THE EVENT’S SIGNIFICANCE?

EVENT NEEDS					
AV NEEDS	LAPTOP	MICROPHONE	PROJECTOR	GUEST WIFI	OTHER:
SET-UP	THEATRE	ROUNDS	SQUARE	CLASSROOM	OTHER:
MISC					
LABOR					

ORGANIZATION AUTHORIZED SIGNATURE		
<p>The requesting department is responsible for any and all damages caused to the facility and/or premises as a result of its activities. The department is responsible for obtaining all licenses, permits, and insurances that may be required to conduct its activities. The College may charge additional fees for costs incurred during the event extending past the agreement time. College facilities must be scheduled at least ten (10) days in advance. All requests are subject to approval. Request submission does not guarantee reservation. Due to unforeseen circumstances, the College reserves the right to cancel at any time. Signing below also confirms the Bates TC "Facility Usage Guidelines & Procedures" document has been read and understood by the department representative.</p>		
PRINT NAME	SIGNATURE	DATE

FACILITIES USE ONLY		
COLLEGE APPROVED YES NO	SIGNATURE	DATE
ESTIMATED COST \$		FINAL COST BILLED \$
FACILITIES COMMENTS:		

IT WORK ORDER#:	FACILITIES WORK ORDER#:	
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