

Section 8: Facility Use Application

Program or Activity: _____
Sponsoring Group(s): _____

Primary Individual Responsible:

Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Office Phone: _____ E-mail: _____

FOR GSCC ACTIVITIES:

Program Purpose: (Indicate topic and speaker, if applicable) _____

Program Available to: (Mark all that apply) Faculty Staff Students General Public
 Other: *(Please Specify)* _____

FOR EXTERNAL ORGANIZATION ACTIVITIES: Category A B (Attach documentation) C D
 No Yes Literature Distribution - If yes, attach copy

Area(s) Requested: Campus: _____ Building: _____ Room: _____
Date: _____ Beginning Time: _____ Ending Time: _____
Attendees/Tickets Expected: _____ Admission/Registration Fee: Yes No
\$75 Deposit Paid Yes No

Services Requested: (Mark all that apply)

- Housekeeping
- Security

Rental Fee: \$ _____
Security Fee: \$ _____
Clean-up Fee: \$ _____
Other: \$ _____
TOTAL: \$ _____

Applicant: _____ Date: _____ Phone: _____

Sponsor: _____ Date: _____ Phone: _____

APPROVED: _____ Date: _____
Facilities Support Manager

APPROVED: _____ Date: _____
President/Designee

Original to: Facilities Support Manager
Copies to: Supervisor of Maintenance, Director of Physical Plant, Applicant