

DELAWARE COUNTY COMMUNITY COLLEGE

\* Box For College Use Only \*
Confirmation#: \_\_\_\_\_

APPLICATION FOR USE OF FACILITIES

Print or Type. Complete All Requested Information. All use will be in accordance with DCCC Facilities Usage Policies.

Date: \_\_\_\_\_ Are you a/an: \_\_\_\_\_ Outside Group \_\_\_\_\_ Division of College

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

Address: \_\_\_\_\_

Type of Organization: Corporation \_\_\_\_\_ Non-Profit Corp. \_\_\_\_\_ LLC \_\_\_\_\_ LP \_\_\_\_\_ Association \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone (Day): \_\_\_\_\_

Phone (Evening): \_\_\_\_\_ E-Mail: \_\_\_\_\_

Program Title: \_\_\_\_\_

Program Schedule:

Date(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ am / pm End: \_\_\_\_\_ am / pm

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Date(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ am / pm End: \_\_\_\_\_ am / pm

Number Attending: Minimum \_\_\_\_\_ Maximum \_\_\_\_\_ Admission Charge: \_\_\_\_\_

Area Requested: Enter Quantity of one or more Areas. Capacity Listed in Parentheses

- Athletic Field Auditorium - Large (270+) Auditorium - Small (110)
Cafeteria (200) Classroom (25-40) Computer Lab (20)
Gymnasium (Dtown) Meeting Room (20-35) Parking Lot
Student Lounge (50) Tennis Court Video Conference Room (20)

Special Setup:

Lectern: Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Tables \_\_\_\_\_ Number of Chairs \_\_\_\_\_

Technology Needs: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list required items: \_\_\_\_\_

College Food Service: Needed \_\_\_\_\_ Not Needed \_\_\_\_\_ Outside Arrangements for Food?: Yes \_\_\_\_\_ No \_\_\_\_\_

Please Note - Arrangements for Food Must Be Made by the Outside Group by Calling 610-359-5068.

Please Specify any County, State or Federal Officials Invited to Event: \_\_\_\_\_

I AM AUTHORIZED TO SIGN THIS CONTRACT ON BEHALF OF THE ORGANIZATION. I HAVE READ DCCC'S USE OF FACILITIES POLICY & PROCEDURES AND I AGREE TO ABIDE BY THE RULES DESCRIBED INCLUDING IMDEMNIIFYING DCCC FOR ANY LOSS. I UNDERSTAND THAT I AM NOT TO ADVERTISE OR IN ANY WAY PROMOTE THIS PROGRAM UNTIL I HAVE RECEIVED WRITTEN APPROVAL FROM DCCC FOR USE OF THE SPACE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* For College Use Only - Do Not Write Below This Line \*\*\*

Request: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Room(s) Assigned: \_\_\_\_\_

Cost - Services: \$ \_\_\_\_\_ Cost - Rental: \$ \_\_\_\_\_ Total Cost: \_\_\_\_\_

Reviewed and Approved: \_\_\_\_\_ Date: \_\_\_\_\_