

## DIVISION OF STUDENT ENGAGEMENT FACILITY REQUEST FORM

Please submit at least **ONE WEEK** in advance. Type or print clearly in ink. See instructions on reverse side.

Name of Group, Department, or Individual \_\_\_\_\_

\_\_\_\_\_ Home Phone \_\_\_\_\_

Contact Information \_\_\_\_\_ Bldg. & Dept or Home Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Room(s) Requested	Dates	Times
Magnolia Room Capacity 180-250	_____	a.m./p.m. to _____ a.m./p.m. to _____
Career Center Capacity 10-20	_____	a.m./p.m. to _____ a.m./p.m. to _____
Ebony Room 1 Capacity 10-25	_____	a.m./p.m. to _____ a.m./p.m. to _____
Aerobics Room Fitness Center	_____	a.m./p.m. to _____ a.m./p.m. to _____
Marion Reid Gym Capacity 180-250	_____	a.m./p.m. to _____ a.m./p.m. to _____

### GENERAL INFORMATION

Expected Attendance: \_\_\_\_\_ Open to non-campus public? Yes No

**SET-UP REQUESTED:**

Use of Chairs: How many? \_\_\_\_\_

Use of Tables: How many? \_\_\_\_\_

Use of Podium: Yes No

PA System? Yes No

PowerPoint? Yes No

Projection Screen? Yes No

**SERVICES REQUESTED**

Cafeteria Services? \_\_\_\_\_

Housing Services? \_\_\_\_\_

\*Security Services? \_\_\_\_\_

Bowling Center? \_\_\_\_\_

Game Room? \_\_\_\_\_

(\*Note: Campus Police is mandatory for after hour activities)

**Note: Decorating is to be done on the day of the event.**

*I understand that requests are not approved unless all fees are paid and this form has been signed by the Director of Student Engagement.*

*I understand that all requests are approved in accordance with Coahoma Community College's regulations regarding the usage of facilities and are subject to cancellation if conditions make it necessary. I understand that faculty advisors, sponsoring departments, and/or requesting groups will be responsible for their group's activities and conduct during the function and may be required to pay for repair or replacement of damaged areas or items. I understand that usage fees are payable in advance. The Abuse of regulations may result in restricted or withdrawn privileges.*

**SIGNED:** \_\_\_\_\_  
Faculty Advisor (College Activity) Date

**SIGNED:** \_\_\_\_\_  
Coordinator of Student Activities Date

**SIGNED:** \_\_\_\_\_  
Organization Representative Date

**SIGNED:** \_\_\_\_\_  
Director of Campus Safety Date

**SIGNED:** \_\_\_\_\_  
Director or Assistant Director of Student Engagement Date