

FACILITY RENTAL REQUEST FORM

Please complete this form in its entirety. All requests are processed on a first -come, first -serve basis. All events are subject to approval, and all activities must adhere to all College rules and regulations.

Name of Organization: _____

Person Responsible for Event/Meeting: _____

Name of Event/Meeting: _____

Nature of Event/Meeting: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

E-Mail Address: _____

Tax Exempt # _____ (If Tax Exempt, Attach Certificate)

Building Requested: _____ Room Requested: _____

Event Date: _____ Event Time: _____

Set-Up Date _____ Set-Up Time _____

Estimated # of Participants: _____ Participant's Fee \$ _____

Please draw a sketch of how the event is to be set up, be as detailed as possible:



Please describe the activities that will take place:

Mail, e-mail or fax completed form to :

Clinton Community College
Attn: