

MONTGOMERY COUNTY COMMUNITY COLLEGE POTTSTOWN
APPLICATION FOR USE OF FACILITIES

PRINT OR TYPE. COMPLETE ALL REQUESTED INFORMATION.
 ALL USE WILL BE IN ACCORDANCE WITH MCCC FACILITIES USE POLICIES

DATE SUBMITTED: _____

ORGANIZATION NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE: (Daytime) _____ (Evening) _____ E-MAIL: _____

PROGRAM TITLE: _____ PROGRAM DAYS & DATES: _____

IF ADDITIONAL PROGRAM DATES ARE PLANNED, ATTACH SCHEDULE: _____

NUMBER ATTENDING PROGRAM: MINIMUM _____ MAXIMUM _____ ADMISSION CHARGE \$ _____

NOTE: Balloons are not permitted in College Buildings

ROOMS REQUESTED Please enter number of classrooms needed	PROGRAM TIME BEGIN - END	SET-UP TIME BEGIN - END	TAKE-DOWN BEGIN - END
_____ CLASSROOM(S) FOR 25-30	_____	_____	_____
_____ CONFERENCE ROOM FOR 20	_____	_____	_____
_____ COMMUNITY ROOM FOR 200	_____	_____	_____
OTHER _____	_____	_____	_____

SPECIAL SET-UPS: All fields are mandatory

LECTERN: YES _____ NO _____ NUMBER OF TABLES _____ NUMBER OF CHAIRS _____
[ATTACH SPECIAL SET-UP DIAGRAM, IF APPLICABLE](#) [ATTACH DOCUMENTS PROMOTING THE EVENT](#)

TECHNOLOGY NEEDS: YES ___ NO ___ If yes, please list items needed _____

Please specify if any County, State, or Federal Officials are invited: _____

I UNDERSTAND THAT I AM NOT TO ADVERTISE OR IN ANY WAY PROMOTE THIS PROGRAM UNTIL I HAVE RECEIVED WRITTEN APPROVAL FROM MONTGOMERY COUNTY COMMUNITY COLLEGE FOR USE OF THE SPACE.

SIGNATURE OF PERSON RESPONSIBLE FOR EVENT: _____ **DATE:** _____

*** COLLEGE OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE ***

REQUEST: APPROVED _____ NOT APPROVED _____ CONTRACT CATEGORY: _____

ROOM(S) ASSIGNED: _____

COSTS: SERVICES: \$ _____ RENTAL: \$ _____

TOTAL COSTS TO APPLICANT: \$ _____ INITIAL: _____

REVIEWED AND APPROVED: _____ DATE: _____

E-MAIL COMPLETED FORM TO pdrewicz@mc3.edu