

FACILITIES REQUEST

(For buildings, parking lots, & outdoor areas not identified on the Activity Date Request Form)



Completed applications **MUST** be submitted to the Facilities Office at least two (2) weeks in advance of the event date. Sequoias Community College District retains the right to assign services as deemed necessary for any event.

Requestor: _____ **Date:** _____

Department/Club/Organization: _____

Email Address (Outside Organizations): _____ **Phone:** _____

Address: _____ **City/Zip:** _____

Event Type (Check all that apply): ☐ COS Event/Class/Meeting ☐ Outside Organization Event

Event Title: _____ **Group Size:** _____

Building: _____ **Room:** _____ (Classrooms seat approx. 35)

Signature Required for Designated Areas Below: _____

Alta Peak (Cafeteria) & The Grind – **Food Services Manager**
Athletic Facilities (Gym/ Potwisha) – **Athletic Director**
Hanford Campus (All Rooms/Areas) – **Hanford Provost**
Hospital Rock (Labs) – **Nursing Director**

John Muir (Labs) – **Dean of Science, Math, & Engineering**
Sierra (Music) – **Dean of Arts & Letters**
Tulare Campus (All Rooms/Areas) – **Tulare Provost**
Tule 500/501/503/507/509 (Labs) – **Division Chair**

Date(s) Needed: _____

Day of Week (Check all that apply): ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thur. ☐ Fri. ☐ Sat. ☐ Sun.

Semester (Check one semester only per Facilities Request): ☐ Fall ☐ Spring ☐ Summer Year: _____

Beginning Time: _____ ☐ AM ☐ PM **Ending Time:** _____ ☐ AM ☐ PM

Number of Tables: _____ **Number of Chairs:** _____ (Provided upon availability)

Audio/Visual Equipment (COS Event/Class/Meeting): Submit a HelpDesk ticket to Technology Services

Audio/Visual Equipment (Outside Organization Event): ☐ Yes ☐ No (Specify below) _____

Other Special Arrangements: _____

Request for room/area to be unlocked/locked (If you do not already have a key): ☐ Yes ☐ No

Additional Information:

- Approved requests will be listed on the COS Event List
- Heating/Cooling will be scheduled accordingly
- Rooms will **ONLY** be unlocked/locked if requested above
- Forms signed by students will not be accepted

Requestor's Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____

Facilities Office Use Only:

Event ID Number: _____ Approved: _____ Date: _____

☐ Insurance (Outside Organizations) Estimated Charges: _____