MONTGOMERY COUNTY COMMUNITY COLLEGE BLUE BELL
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: ____________________________

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

<table>
<thead>
<tr>
<th>ROOM(S) REQUESTED</th>
<th>PROGRAM TIME</th>
<th>SET-UP TIME</th>
<th>TAKE-DOWN</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLASSROOM(S) FOR 25-30</td>
<td>BEGIN – END</td>
<td>BEGIN - END</td>
<td>BEGIN - END</td>
</tr>
<tr>
<td>CLASSROOM(S) FOR 31-42</td>
<td>BEGIN – END</td>
<td>BEGIN - END</td>
<td>BEGIN - END</td>
</tr>
<tr>
<td>GYM(S)</td>
<td>BEGIN – END</td>
<td>BEGIN - END</td>
<td>BEGIN - END</td>
</tr>
<tr>
<td>AUDITORIUM (366 SEATS)</td>
<td>BEGIN – END</td>
<td>BEGIN - END</td>
<td>BEGIN - END</td>
</tr>
<tr>
<td>AUDITORIUM (64-137 SEATS)</td>
<td>BEGIN – END</td>
<td>BEGIN - END</td>
<td>BEGIN - END</td>
</tr>
<tr>
<td>OTHER</td>
<td>BEGIN – END</td>
<td>BEGIN - END</td>
<td>BEGIN - END</td>
</tr>
</tbody>
</table>

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 ____________________________

COLLEGE FOOD SERVICE: NEEDED NOT NEEDED
NOTE: When Facilities are approved for use, Applicant is responsible to contact FOOD SERVICES (215)641-6609 for arrangements.
College Food Service has first right of refusal for all events.

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 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: __________

REVIEWS AND APPROVED: ____________________________ DATE: ____________________________

E-MAIL COMPLETED FORM TO pdrewicz@mc3.edu