



Montgomery County
Community College

**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: _____ PROGRAM DAYS & DATES: _____

IF ADDITIONAL PROGRAM DATES ARE PLANNED, ATTACH SCHEDULE: _____

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

ROOMS REQUESTED
Please enter number of classrooms needed

NOTE: Balloons are not permitted in College Buildings

ROOMS REQUESTED	PROGRAM TIME BEGIN - END	SET-UP TIME BEGIN - END	TAKE-DOWN BEGIN - END
_____ CLASSROOM(S) FOR 25-30	_____	_____	_____
_____ CLASSROOM(S) FOR 31-42	_____	_____	_____
_____ GYM(S)	_____	_____	_____
_____ AUDITORIUM (366 SEATS)	_____	_____	_____
_____ AUDITORIUM (64 -137 SEATS)	_____	_____	_____
_____ 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 _____

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: _____

REVIEWED AND APPROVED: _____ DATE: _____

E-MAIL COMPLETED FORM TO pdrewicz@mc3.edu