



Montgomery County
Community College

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

| <u>ROOMS REQUESTED</u> Please enter number of classrooms needed | <u>PROGRAM TIME</u> BEGIN - END | <u>SET-UP TIME</u> BEGIN - END | <u>TAKE-DOWN</u> BEGIN - END |
|---|---|--|--|
| _____ CLASSROOM(S) FOR 25-30 | _____ | _____ | _____ |
| _____ SEMINAR ROOM FOR 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 _____

COLLEGE FOOD SERVICE: NEEDED _____ NOT NEEDED _____

**NOTE: When Facilities are approved for use, Applicant is responsible to contact FOOD SERVICES (610)718-1925 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 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 mstasik@mc3.edu