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 DATES: BEGIN ___________________ END ___________________

IF ADDITIONAL PROGRAM DATES ARE PLANNED, ATTACH SCHEDULE: ________________________________

NUMBER ATTENDING PROGRAM: MINIMUM _______________ MAXIMUM _______________

ADMISSION CHARGE _______________

ROOMS REQUESTED   PROGRAM TIME  SET-UP TIME  TAKE-DOWN

BEGIN – END   BEGIN - END            BEGIN - END

CLASSROOM(S) FOR 25-30 ___________________ ___________________ ___________________

GYM(S) ___________________ ___________________ ___________________

AUDITORIUM (366 SEATS) ___________________ ___________________ ___________________

AUDITORIUM (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: College Food Service has first right of refusal for all events.

NEEDED _______ NOT NEEDED _______

OUTSIDE ARRANGEMENTS WILL BE MADE FOR FOOD/REFRESHMENTS: YES _______ NO _______

NOTE: When Facilities are approved for use, Applicant is responsible to contact FOOD SERVICES (215)641-6609 for arrangements.

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 THE 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: _______________________

ORIGINAL: FACILITIES MGT. OFFICE, 1 COPY : CUSTODIAL DEPT., 1 COPY: A.V. DEPT., 1 COPY: REQUESTER, 1 COPY