



## ASO Organizations Application for Use of College Facilities

Event Date:

<b>Today's Date:</b>	<b>**NOTE: For multiple dates, please attach a separate list to this application.</b>	<b>Time of Event:</b>
<b>Name of Event:</b>		Amount of time to Setup: _____ To Breakdown: _____ <b>hr</b>
<b>Describe the benefit to the college for holding this event:</b>		<b>Day of Week:</b>
<b>ASO Club:</b>		<b># of Participants:</b> _____
<b>Requestor's Name :</b>		<b>Spectators:</b> _____
		<b>Vehicles:</b> _____
<b>Requestor's Email:</b>	<b>Club Advisor's Name:</b>	<b>Club Advisor's Approval:</b>
<b>Requestor's phone number:</b>	<b>ASO Advisor's Name:</b>	<b>ASO Advisor's Approval:</b>

**Facility Requested:**      **Student Community Center**      **Other (Please indicate location below)**

**Event Description:**

**\*\*NOTE\*\* If specific setup requirements are needed, please attach a sketch and/or details.**

**Are you charging admission? Yes:      No:      If yes, how much:**

**Will non-Pierce students be attending this event? Yes:      No:**

**Is this a fundraiser? Yes:      No:**

(For any on or off-campus fundraiser, an Application for Fundraising Activity located on the college website must also be attached to this request.)

**For Great Hall requests, please complete reverse side for setup requirements.  
Coordinate all audio/visual requirements through the ASO Office.  
The campus does not provide free parking. Parking is available for \$3.00 day per vehicle.**

"All multimedia used on the college campus by outside organizations must be accessible as mandated by Sections 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act of 2009. Multimedia must be captioned and includes all media broadcasted, webcast material, video broadcasts, video tapes, and DVDs."

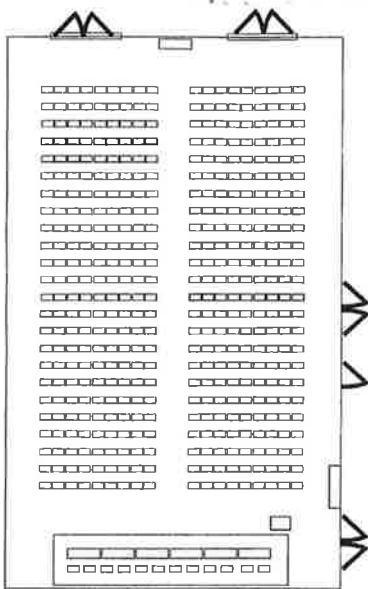
# Layout Guide for the Student Community Center

## NOTE

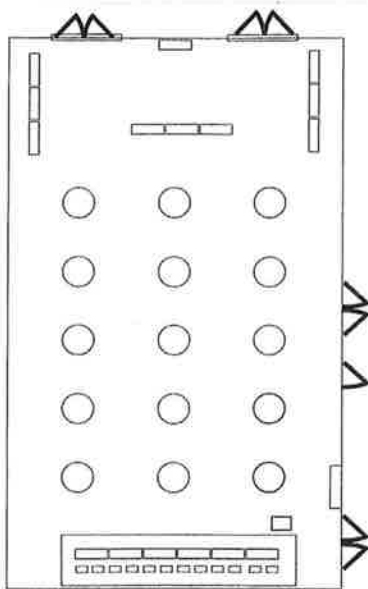
Requestor is responsible for the arrangement, pick-up and return of audio/visual and computer equipment from the Information Technology Department, 719-6496.

Requestor is also responsible for the arrangement, pick-up, return and payment for any additional rental tables, chairs, and required equipment necessary to support their activity/event.

There are a maximum of 2 mics, 15 tables and 170 chairs for use within the Student Community Center. They may not be removed from the room.



Sample Theatre Style or Presentation Format Setup



Sample Dining Room with Dais



Please outline your setup using the samples provided.

Sample size of the fixtures  
Round table chairs 6X2.5 Table



Indicate Equipment Needed:

a. Number of Chairs: \_\_\_\_\_

b. Number of Tables: \_\_\_\_\_

### Indicate Facilities Required

- 33 gallon trash cans  YES      HVAC  YES
- Sprinklers turned off at site  YES      Restrooms  YES
- Cleanup  YES

**In order for our system to accept your payment, please fill out this form**



## Create Vendor Form

NOTE: \* = required information; must enter information

### GENERAL INFORMATION

\* Legal Name of Vendor: \_\_\_\_\_

\* Taxpayer Identification Number \_\_\_\_\_  
Social Security Number **OR** \_\_\_\_\_  
Employer Identification Number: \_\_\_\_\_

\* Telephone Number: \_\_\_\_\_

Contractor License Info: Class: \_\_\_\_\_ License No: \_\_\_\_\_

### \* ADDRESS INFORMATION

Main Address \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

### SALES CONTACT

\* Person/Name: \_\_\_\_\_

\* Telephone Number: \_\_\_\_\_

\* FAX: \_\_\_\_\_

### A/P Contact

Person/Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

FAX: \_\_\_\_\_

# CAMPUS EVENT REQUEST FORM

Today's Date: \_\_\_\_\_

*This notification will be reviewed in terms of budget availability for any costs associated with the event. The signature does not constitute the approval for the event. The requester must submit the necessary documentation/forms to the Campus Event Coordinator for a permit or contract as applicable.*

To: College President

Requester/Owner: \_\_\_\_\_

Organizer: \_\_\_\_\_

Department: \_\_\_\_\_

Event Owner (if external): \_\_\_\_\_

<b>1. EVENT DATE(S):</b> _____	<b>TIME:</b> _____	<b>LOCATION:</b> _____		
<b>TYPE OF ACTIVITY:</b> <i>(Select all that apply)</i>	On Campus	Off Campus	College Program (Academic)	Non-College Program Enterprise Other
<b>EVENT NAME AND DESCRIPTION:</b> _____				

**PURPOSE OF THE EVENT AND BENEFIT TO THE COLLEGE (include SMP Goals and Learning Outcomes):**

## 2. BUDGET / RESOURCE INFO:

### NOTES

FUNDING SOURCE \_\_\_\_\_  
Fund                      G/L                      Cost Ctr

REVENUE: \$ \_\_\_\_\_

\*COST: \$ \_\_\_\_\_

**\*COST DETAILS:** Facilities \$ \_\_\_\_\_ Labor Support \$ \_\_\_\_\_ Security \$ \_\_\_\_\_

Equipment \$ \_\_\_\_\_ Catering \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

PROFIT/LOSS \$ \_\_\_\_\_

None \_\_\_\_\_

### APPROVALS:

Dean / Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Division VP \_\_\_\_\_

Date \_\_\_\_\_

President \_\_\_\_\_

Date \_\_\_\_\_