

BEVILL STATE
COMMUNITY
COLLEGE

REQUEST FOR FACILITY USE



FAYETTE _____
HAMILTON _____
JASPER _____

SUMITON _____
CARROLTON _____
OTHER _____

DATE SUBMITTED: _____

DATES NEEDED: _____
(Include all set-up dates/times)

PROGRAM or ACTIVITY TITLE: _____

PERSON REQUESTING FACILITY: _____

TELEPHONE: HOME _____ OFFICE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____
(Refundable deposits will be returned to the above address)

AREA REQUESTED:

ROOM (BUILDING)	DATES NEEDED	TIMES NEEDED	SET-UP (Classroom style, lecture, tables, chairs, etc.)

ROOM SETUP TO BE PERFORMED BY: BSCC Staff _____ Individual/Organization _____

ESTIMATE NUMBER OF PEOPLE ATTENDING THE EVENT: _____

AUDIO VISUAL EQUIPMENT NEEDED: _____

FOOD SERVICE: YES NO (YOU MUST MAKE ARRANGEMENTS WITH CAMPUS FOOD SERVICE PROVIDER)

ADA requests: _____

NOTE: ANY STRUCTURAL MODIFICATION TO ROOMS OR FACILITIES FOR THE PURPOSE OF DECORATION, ETC., MUST HAVE PRIOR APPROVAL.

USER RESPONSIBLE FOR ANY DAMAGES INCURRED

USER SIGNATURE _____

FACILITY COORDINATOR _____
Facility Coordinator must approve all usage of facilities

COPIES TO:

Facility Coordinator/Campus Associate Dean
Maintenance / Housekeeping

Campus Business Office
Office of Student Services

Public Relations Officer
Campus Security

Cafeteria
Other Personnel (as appropriate)

It is the policy of the Alabama State Board of Education and Bevill State Community College, a postsecondary institution under its control, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any program, activity, or employment.