



408-864-8756

collegelife@fhda.edu

www.deanza.edu/collegelife

SPECIAL EVENT FACILITY REQUEST FORM

- Please submit request to Maritza Arreola, Student Activities Coordinator, at arreolamaritza@fhda.edu and the Office of College Life at collegelife@fhda.edu. You must also meet with Maritza Arreola to discuss the event.
- Request will not be accepted without advisor's approval signature.
- **Allow at least twelve (12) working days prior to event.**
- Confirmation of request will be sent to the Club's/Organization's, Submitter's, and Advisor's email addresses.

OCL Use Only

Received/Reviewed Date: _____

Received/Reviewed By: _____

PLEASE PRINT CLEARLY INFORMATION

1. Organization: _____

2. Organization Email: _____

3. Requestor: _____

Cell Phone: () _____

Email: _____

4. Advisor: _____

Day Phone: () _____

Email: _____

5. Event Name (limit of 40 characters and is used to return results in event searches): _____

6. Event Title (limit of 140 characters and will be published on the events calendars): _____

7. Event Description: (a detailed account of the event. Details can include promotional information, website links, ticket sales information, and who to contact for more information. The event description may be reviewed for spelling and grammar.)

8. Is any equipment required for this event? YES NO If yes, complete a College Life Equipment Checkout Form.

9. Will this event be co-sponsored with an off-campus organization? YES NO If yes, complete a College Life Co-Sponsorship Form.

10. Will this event be advertised off-campus? YES NO If yes, complete # 7 on a College Life Co-Sponsorship Form.

11. Will money be collected at this event? YES NO If yes, complete a College Life Fundraising/Money Collection Form.

12. Estimated Attendance: _____

13. Day(s) and Date(s) of Use:

(List ALL Day(s) and Date(s))

(Example: Fridays 4/11, 18, 25, 5/2 ...)

Alternate Choice(s) for Day(s) and Date(s): _____

14. Start Time: _____ AM / PM

End Time: _____ AM / PM

Complete if Necessary

Set-up Time: _____ AM / PM To: _____ AM / PM

Clean-up Time: _____ AM / PM To: _____ AM / PM

15. Facility Any Room (write description in the comments section)

Alternate Choice(s): _____

For any potential staffing charges see **Direct Cost Fees** at <https://www.deanza.edu/facilities/facilityrentalfees.html>

COMMENTS

16. • Any service requests (i.e. tables, chairs, canopy tents, parking permits, electricity, etc.) and facility specifications should be indicated here.
 • Equipment needs (i.e. PA System, LCD projector, etc.) should be requested using the **College Life Equipment Checkout Form**.

of Tables _____
 # of Chairs _____
 # of Canopy Tents _____
 # Parking Permit(s) Required _____
 Electricity Required

* Form Reviewed

(Office Use Only)

_____ Date

_____ Initials

STUDENT ORGANIZATION ADVISOR APPROVAL OR OTHER DEPARTMENT/ORGANIZATION REQUESTOR

As advisor, I approve this activity and will advise the members of their obligation to uphold college rules and regulations, and I will be present throughout this event, including set-up and clean-up.

17. Advisor's Signature: _____

_____ Date

OFFICE USE ONLY

Date

Time

Facility

Date

Time

Facility

Processed By: _____

_____ Date