

FACILITY RESERVATION REQUEST

To reserve space for campus events, kindly complete this form and submit to the College Center at least 14 days in advance. This form may be dropped off at the TCC Information desk, faxed to the TCC office at 610-606-4617, or sent via inter-campus mail. In order to book academic space please contact the Registrar's office at registrar@cedarcrest.edu. Upon receipt, we will review space availability and issue a signed confirmation. If you have any questions, please contact the TCC office at 610-606-4666 ext. 3432 or ext. 3434.

Name of Event _____ **Date(s) of Event** _____

Facility Requested _____ **Estimated Attendance** _____

Event Start Time _____ AM PM **End Time** _____ AM PM

Hours of Access _____ *Please remember to allow for set-up/tear down of your equipment, food, etc.*

Contact Person _____ **Box #** _____ **Telephone #** _____

Sponsoring Org./Dept. _____ **Account #** _____

Team Leader _____ *(Responsible for all equipment & Tech needs)*

1. **Are food or beverages being served?** Yes No
Do you require table cloths /table skirts? Yes No
 If yes to either one, please contact Food Services (Ext. 3446) upon confirmation of this request.

2. **Do you require technical equipment for your event?** Yes No

Overhead Projector	Mic – podium	Special Needs:
Slide Projector	Mic – stand	Custodial Services Required
Data Proj. /Laptop	Mic – table	_____
Data Proj. /VCR	Mic – lapel	Safety and Security Services Required
TV/VCR/DVD	Mic – wireless	_____
Cassette Player	Lighting Needs	Other
CD Player	portable screen	_____

(REQUIRED) Please include ALL details and requirements here. Use additional paper if necessary.

Typical Set-ups:	Vendor Table Request	(# of Tables requested ___)
Theatre Style	Square Shape	U Shape
Cafeteria Style	No special Set-up Required	See Attachment
Do you require assistance with Publicity for this event?	YES NO	Class Room Style
If yes, please complete a Communications Project Request form outlining your publicity needs.		___ Hi Top Round Tables

* restrictions apply

Equipment:
 Podium
 Flip Chart
 Trash Brutes
 Banner

Please note: Walk through and testing of equipment will be required prior to event. Please contact the TCC office to set up a time.

For Internal Use Only:

___ Theater Chair approval required for the use of Samuels Theater (TCC)
 ___ Athletic Director approval required for the use of the gymnasium and/or athletic fields
 ___ Approval required for the use of Lees Chapel
 ___ President's office approval required for the use of Harmon Hall of Peace and LaChaise Gallery
 ___ Registrar's office approval required for the use of any classroom space (Including Alumnae Hall and Little Theater)

Maintenance Security Food services Requestor Custodial Theater Dept Student Affairs Community Svs. General Svs. Athletics AV/IT

Requested by (Signature) _____ **Date** _____

Director of Student Activities (Signature) _____ **Date** _____

Student Organizations and Clubs are required to obtain approval the office of Student Activities.

Confirmed by (*College Center*) _____ Date _____

Ad Astra _____

Form Rvsd: 8/27/10