Accounting _____

Plant Operations _____

Information Technology_____

DELAWARE COUNTY COMMUNITY COLLEGE
APPLICATION FOR USE OF FACILITIES

Confirmation # _____

Insurance Expires _____

Permit Received _____

Print or Type. Complete All Requested Information. All use will be in accordance with DCCC Facilities Usage Policies.
All items must be completed. If they do not apply please enter N/A.

Date _____   You represent a(n): Outside Group ____   College Division _____

Organization Name_____

Address _____

Type of Organization: Corporation ___   Non-Profit Corp. ___   LLC ___   LP ___   Association ___

Contact Person _____   Phone (Day) _____

E-mail _____   Phone (Evening) _____

Program Title _____

PROGRAM SCHEDULE

Date(s) _____   Start Time _____am / pm   End _____am / pm

Date(s) _____   Start Time _____am / pm   End _____am / pm

Date(s) _____   Start Time _____am / pm   End _____am / pm

Date(s) _____   Start Time _____am / pm   End _____am / pm

Number Attending: Minimum _____   Maximum _____   Admission Charge: _____

AREA REQUESTED   Enter quantity of one or more areas. Capacity listed in parentheses

_____ Auditorium – STEM (50)	_____ Auditorium – Small (87)	_____ Auditorium – Large (239)
_____ Cafeteria (200)	_____ Classroom (25-40)	_____ Computer Lab (33)
_____ Meeting Room (20-35)	_____ Student Lounge (50)	_____ Lobby: Academic / Founders Hall
_____ Parking Lot	_____ Tennis Court (6 Courts)	_____ Outside Courtyard

SETUP INFORMATION

Lectern: Yes ___ No ___   Number of Tables _____   Number of Chairs _____

Technology: Computer & Projector ___   Microphone / Speakers ___   Internet Access ___   *(See policy regarding Wi-Fi)*

Other _____

Food: Yes___ No___   If YES, select one: ***College Food Service___   Outside Arrangements___**
*Outside groups may call 610-359-5068 to request College Food Service

Please specify any County, State, Federal Officials, or News Media invited to event:_____

I AM AUTHORIZED TO SIGN THIS CONTRACT ON BEHALF OF THE ORGANIZATION. I HAVE READ DCCC'S USE OF FACILITIES POLICY & PROCEDURES AND I AGREE TO ABIDE BY THE RULES DESCRIBED INCLUDING IMDEMNIFYING DCCC FOR ANY LOSS. I UNDERSTAND THAT I AM NOT TO ADVERTISE OR IN ANY WAY PROMOTE THIS PROGRAM UNTIL I HAVE RECEIVED WRITTEN APPROVAL FROM DCCC FOR USE OF THE SPACE.

Signature: _____   Date: _____

*** For College Use Only ***

Request: Approved ____   Denied ____   Reviewed /Approved _____   Date _____

Service Cost $ _____   Rental Cost $ _____   Total Cost $_____

Room(s) Assigned_____

Last Updated: 9/2016