

**DELAWARE COUNTY COMMUNITY COLLEGE  
INTERNAL  
FACILITIES RESERVATION REQUEST**

<b>Request Originator</b>	<b>Requesting Organization</b>	<b>Date of Request</b>
<b>Type of Facility</b>	<b>Room No.(s)</b>	<b>Maximum Attendance</b>
<b>Date(s) of Activity</b>	<b>Day(s) of Week</b>	<b>Hours From - To - (specify AM or PM)</b>
	<b>Type of Group - In-house _____</b> <b>(check one) Non-College _____</b> <b>Combination _____</b>	
	<b>Authorized Responsible Person on-site - (Faculty, Staff or Designated Sponsor)</b>	
	<b>Purpose -</b>	

**Services Required -**

Housekeeping - Chairs \_\_\_\_\_ Tables \_\_\_\_\_ Lectern \_\_\_\_\_ Other \_\_\_\_\_

Security - \_\_\_\_\_

Parking - \_\_\_\_\_

Food (see attached menu) - \_\_\_\_\_

Instructional Media - \_\_\_\_\_

Maintenance /Grounds \_\_\_\_\_

Permission for a Special Facility - \_\_\_\_\_

**This Request Has Been Checked and Space is Available.**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Form must be submitted at least 10 days prior to event.  
All reservations are tentative.**