



HCC

Request for Use of Facilities

Date: _____

(Submit 4 weeks prior to event)

Event Title: _____

Group/Organization: _____

Mailing Address: _____
STREET CITY ST ZIP

Contact Name: _____ Telephone: (____) _____ - _____

Fax: (____) _____ - _____

Event Day/Date: ____/____/____ Start Time: ____:____:____ End Time: ____:____:____

Number Attending: _____ Time you need access to site: ____:____:____

HCC Collaboration Studio Room Information: CITT Training Room #231 CITT Conference Room #218

Other Areas: _____

Equipment requests: _____

Set up Request: _____

Special Arrangements: _____

Admission Charge: Yes NoRequest to serve: food alcohol

Note: Liability insurance for the event naming HCC as co-insured must be provided by the group/organization.

On behalf of my group/organization, I agree to pay all fees and additional expenses for services associated with the use of college facilities at Hillsborough Community College. We will adhere to the college's rules; procedures and regulations while using HCC facilities, and cooperate with all instructions provided by college personnel. Please provide advanced notice of required services for individuals with disabilities.

(Please print and sign)

Organization/Group Representative: _____ Date: _____

(print name)

Organization/Group Representative Signature: _____

(signature)

HILLSBOROUGH COMMUNITY COLLEGE

ALL COLLEGE SPONSORED EVENTS ARE REQUIRED TO HAVE A DEAN'S OR ADMINISTRATOR'S SIGNATURE WITH RATIONALE

(Please attach rationale) Co-sponsor will be present at event.

College sponsored requires prior approval by Campus President with rationale.

Discounted fees: _____ non-profit/government agency: _____

Additional costs: HVAC _____ Clean-up _____ Security _____ Other _____

Total Fees: _____

APPROVED/HCC

(Do not write below this line)

Dean/Supervisor: _____ Date: _____ Ext.: _____

Other: _____ Date: _____ Ext.: _____

_____ Date: _____ Ext.: _____

(Campus President/District Vice-President)