



OFFICE OF STUDENT LIFE Student Meeting or Event Request Form Los Angeles City College On/Off-Campus Facilities Use Request	Received Stamp Box
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This form must be submitted within 15 working days prior to the date of the event. Any revisions, changes, or cancellations require written notice at least **5 working days** prior to the request. **If requesting ASG funds, Funding Request Form must be submitted with this form.** ****Submit all Funding and On/Off-Campus Facilities Use Requests to the Office of Student Life, Los Angeles City College, 500 University Ave, Los Angeles, CA 90032, (213) 343-3100.**

Contact Information

Date of submission: _____ Name of Club/Organization: _____
 Contact Person: _____ Contact email: _____
 Contact Telephone: _____ *(Must be reachable on the day of event)*

Meeting or Event Information

Type of Meeting or Event: _____ Are you requesting funding from ASG? Yes No
***If yes, funding request must accompany event request.*
 Title/Purpose of Activity: _____

 Are you requesting off-campus services Yes No
 (vendors, speakers, blood drive, etc.)?
***If yes, contracts must be submitted before requests can be approved. (See Office of Student Life for assistance)*
 On or Off Campus: On Off
***For off-campus event, Liability and Excursion Forms must be submitted to OSL BEFORE the event*
 Please list vendors/speakers: _____

Location Requested: _____
 2nd Choice: _____
 Date(s) Requested: _____
 Day(s) of the Week: Mon Tue Wed Thu
 Fri Sat Sun
 Time Period of event (e.g. 10am-3pm): _____
 Time Needed for Access (set-up): _____
 Expected Attendance: _____
 Open to the Public: Yes No
 Will admission fees, contributions, or membership dues be collected: Yes No Amount charged: \$ _____
 Donations Solicited: Yes No
 How will proceeds be used: _____

Do you plan to serve food? Yes No
***If yes, please attach the up-to-date food handler's license of the food service.*
 Do you plan to sell non-food items? Yes No
 Will you be requesting service from a company? Yes No
 If yes, are all contracts submitted? Yes No
 Will you be paying for the service? Yes No
 Security required (Fees will apply): Yes No
 Are you requesting parking permits? Yes No
 If so, how many? _____
 Contact the Office of Student Life for vendor contract and insurance requirements. **Event will not be approved until the vendor contract and/or food handlers license has been submitted.**

WAIVER OF CUSTODIAL COSTS: Permittee agrees to return facilities to original state in order to qualify for a waiver of custodial fees. Failure to restore facilities to the original state will necessitate payment.

Faculty/Staff Advisor Approval (includes being present at meeting or event)

Name of Advisor: _____ Department: _____
 Email of Advisor: _____ Extension number of Advisor: _____

*****REQUIRED FACULTY/STAFF ADVISOR SIGNATURE:** _____

Meeting or Event Layout

If applicable, provide a layout of how you want your event to be set up by LACC Facilities/Operations:

Location: _____

CHECK LIST:

LACC Operations:

of tables: _____

of chairs: _____

Podium: _____

Other: _____

LACC Facilities:

Trash: _____

EZ Ups: _____

LACC IMC:

PA system: _____

Microphones: _____

AV equipment (please list):

Miscellaneous:

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OFFICE USE ONLY:

Meeting or Event Approval Pending: Layout Submission of Contract Facility Location Approved
 Vendor Insurance Food Handler's License

Estimated Fees: Security \$ _____ Custodial \$ _____ Grounds \$ _____ Other \$ _____ Total \$ _____

Comments:

Student Life Coordinator _____

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Distribution:

Administrative Services Sheriff's Dept. Operations/Facilities IMC