

APPLICATION FOR USE OF COLLEGE FACILITIES

ASNVC and Club Request Form

RETURN COMPLETED FORM TO THE ASNVC OFFICE – ROOM 1342 (7 business days prior to the event)

Name of NVC Club or Student Organization _____

Name of Student organizing event _____

Email Address _____ Cell Phone # _____

Name of Activity/Event _____

Will admission charge or collection of funds of any type be made as a prerequisite to participate? _____

If yes, what amount per person will be charged? _____

Will food or drinks be served? _____ *If selling, please contact the Office of Student Life (707-256-7340)*

| DATES DESIRED | ACTUAL EVENT HOURS | | SET-UP TIMES | | TEAR DOWN TIMES | | FACILITIES REQUESTED | |
|------------------|-----------------------|----|-----------------|----|--------------------|----|-------------------------|------|
| | From | To | From | To | From | To | BUILDING | ROOM |
| | | | | | | | | |
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I understand that the use of college facilities must be in accordance with the rules and regulations of the Board of Trustees of Napa Valley Community College District including the possibility of cancellation should the facilities be needed for the educational program. I further understand that in connection with the use of facilities, the organization named above is to pay the Napa Valley Community College District as stipulated. I also understand and agree that the above named organization and its members shall be responsible and pay for any damage sustained by the district premises, furniture, or equipment because of the use of occupancy of said premises by the said organization. Submitting this form certifies that the applicant agrees to comply with statutes, regulations, and policies promoting the access for persons with disabilities and prohibiting discrimination.

SPECIAL SERVICES OR EQUIPMENT

Number of chairs _____ Number of tables _____ Expected Attendance _____

MEDIA NEEDS: Portable Sound System _____ VCR/DVD Player _____ LCD Projector _____ Lap Top _____
 Portable Screen _____ Microphone _____ (Stand _____) Extension cord _____ Podium _____

Cafeteria: Sound system _____

PORTABLE STAGE NEEDS: YES _____ NO _____ If yes, how many pieces will you need? _____

Will you need extra trash cans? _____

Will you need access to the restrooms closest to your event? _____

Will you need Facilities to do the set up for your event? _____ *If yes, please attach a map or diagram*

Will you need Facilities to take down tables, chairs, etc. for your group? _____

Other miscellaneous needs? _____

Student (print name & sign) _____ Date _____

Club Advisor (print name & sign) _____ Date _____

Student Life Manager _____ Date _____

Senior Dean of Student Affairs _____ Date _____

The request shall not be approved until the Facilities Services office has determined the estimated costs and the requester has agreed to them

FOR COLLEGE USE ONLY

Please send signed form to Facilities Services for final approval via: Email to samantha.maddox@napavalley.edu

CHARGES:

Technician labor \$ _____
 Maintenance labor \$ _____
 Campus Police labor \$ _____
 Other misc. costs \$ _____
TOTAL ESTIMATED \$ _____

Signature of user/ _____
 Authorized agent Date _____

District Representative Signature _____
 Date _____