Office Use Only
Received/Reviewed Date:

Received/Review	ed By:

## **MCC Room Request Form**

- Please submit request to Clara Luu at luuclara@fhda.edu
- Requests will not be accepted without a signature from a staff or faculty member
- Allow at least 5 working days prior to the event
- Confirmation of the event will be sent to the requestor's email address.
- We have AV equipment and a projector available for use

## Information

Requestor:	Phone:	Email:	_
Faculty or Staff Advisor: _	Phone:_	Email:	_
Event Name:			
Event Description:			
Please give a brief 2-3			
sentences about the event			
Estimated attendance:			
Will any equipment be rec	quired for the event?	Yes No	
Days and Dates of use:			
Please list all days and dates			
(Ex: Every Monday from 1/22-2/19)	<u> </u>		
Start Time:	End	Time:	
Select Which Area:	MCC 14(Activity Area) or	MCC 11 (Conference Area)	
Will there be food served a	at the event? If so, please be sure	to plan for clean-up. Yes	No
	Area Use	Agreement	
By checking below, we con	nply with these use requirements	s:	
<ol> <li>Noise level will be</li> <li>Any food or trash</li> <li>Tables/chairs wil</li> <li>Documents/pres</li> </ol>	ember will supervise the event free appropriate/monitored for a show will be disposed of upon finishing the returned to the original arratentations on the computer will be building will be locked and check	nared space. ing the event. ngement and area will be kept neat for o pe trashed.	thers' use.
	I AGREE to the mention	oned above requirements	
Faculty or Staff Advi	isor Signature:	Date:	