

Room(s) Requested	Dates	Times
Maqndia Room Capacity 180-250	_____	a.m./p.m. to _____ a.m./p.m. to _____
Career Center Capacity 10-20	_____	a.m./p.m. to _____ a.m./p.m. to _____
Ebony Room 1 Capacity 10-25	_____	a.m./p.m. to _____ a.m./p.m. to _____
Aerobics Room Fitness Center	_____	a.m./p.m. to _____ a.m./p.m. to _____
Marion Reid Gym Capacity 180-250	_____	a.m./p.m. to _____ a.m./p.m. to _____

GENERAL INFORMATION

Expected Attendance: \_\_\_\_\_ Open to non-campus public? Yes No

SET-UP REQUESTED: SERVICES REQUESTED

Use of Chairs: How many? \_\_\_\_\_ Cafeteria Services? \_\_\_\_\_

Use of Tables: How many? \_\_\_\_\_ Housing Services? \_\_\_\_\_

Use of Podium: Yes No \*Security Services? \_\_\_\_\_

PA System? Yes No Bowling Center? \_\_\_\_\_

PowerPoint? Yes No Game Room? \_\_\_\_\_

Projection Screen? Yes No (\*Note: Campus Police is mandatory for after hour activities)

Note: Decorating is to be done on the day of the event.

I understand that requests are not approved unless all fees are paid and this form has been signed by the ' L U H FRW RW X G H Q W (

I understand that all requests are approved in accordance with Coahoma Community College regulations regarding the usage of facilities and are subject to cancellation if conditions make it necessary. I understand that faculty advisors, sponsoring departments, and/or requesting groups will be responsible for their group's activities and conduct during the function and may be required to pay for repair or replacement of damaged property. The abuse of regulations may result in restricted or withdrawn privileges.

SIGNED: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
Faculty Advisor (College Activity) Date Coordinator of Student Activities Date

SIGNED: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
Organization Representative Date Director of Campus Safety Date

SIGNED: \_\_\_\_\_  
Director or Assistant Director of Student ( Q J D J H P H Q W Date