



San Mateo County Community College District

Request for Use of Facilities

Canada College
 4200 Farm Hill Blvd.
 Redwood City, CA 94061
 (650) 306-3100

College of San Mateo
 1700 West Hillsdale Blvd.
 San Mateo, CA 94402
 (650) 574-6161

Skyline College
 3300 College Dr.
 San Bruno, CA 94066
 (650) 738-4100

District Office
 3401 CSM Dr.
 San Mateo, CA 94402
 (650) 574-6550

Applicant Information

Application Date: _____ Profit _____ Non-Profit - *Non-Profit ID/EIN:* _____

Name of Applicant/ Organization: _____

Is this an internal college event? No Yes – *If yes, requesting division/ department:* _____

Authorized Representative: _____ Office Phone: _____ Cell Phone: _____ Fax: _____

Day of Event Contact: _____ Office Phone: _____ Cell Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____

Facility Use/ Event Information

Name/ Nature of Event: _____

Event Date(s): _____

Arrival Time:	Event Start Time:	Event End Time:	Departure Time:	Total Hours:

Facility/ Room to Rent: _____

Additional Facility/ Room to Rent: _____

	Adults (over 18)	Minors (under 18)	Total
Estimated Attendance :			
Spectators :			
Total Attendance :			

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Check the box if you are:

Collecting admission or sales – *For what purpose are the funds used?*

Serving food – Please describe:

Providing concessions – Please describe:

Serving alcohol

Having minors in attendance

Needing parking information

Multi-day event

Having live music

Media Equipment - Check the box and enter amount required.

DVD player

Projector

MP3 connector

Projection screen

Sound system

Monitor/TV

Microphone

Other:

Furniture – Check the box and enter amount required.

Chair

6 foot table

Podium/ Lectern

8 foot table

Stage

Other:

Round table

Special Arrangements:

The applicant understands and agrees this application is not a confirmation of facility use and that the date(s) for the event will not be confirmed until the application has been reviewed and approved by College. Upon approval by College, the applicant will be required to sign the District’s Facilities Use Agreement to finalize the application. This application is not valid unless a Facilities Use Agreement, signed by both the Permittee and the District, is attached.

Applicant Signature:

Date:

San Mateo County Community College District

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For SMCCCD Use Only

Account Number (FOAP):

- 1.
- 2.
- 3.

Facilities Assigned:

- 1.
- 2.
- 3.
- 4.
- 5.

Personnel Requirement (All staff charges will be at a two hour minimum):

Type	# of Staff	Estimated Fees	Type	# of Staff	Estimated Fees	Type	# of Staff	Estimated Fees
Security			Technician			Grounds		
Custodial			Special Tech.			Other:		

Total Estimated Fees:

Application Fee	Facilities	Personnel	Equipment	Other	Total Est. Fees

Total estimated fees are based on information provided by the applicant. Applicant is responsible for actual fees incurred. Any additional fees will be invoiced and will be due upon receipt.

Applicant Signature:

Date:

College Supervisor Signature:

Date:

V.P. of Instruction/ V.P. of Student Services Signature:

Date:

V.P. of Administrative Services Signature:

Date: