



HOUSTON COMMUNITY COLLEGE – NORTHEAST

APPLICATION FOR USE OF FACILITY

Date Form Submitted: _____

Name of Organization: _____

Contact person responsible for the Event:

Name: _____

Phone #: _____

Email: _____

Date/Time of Event: _____

Beginning Time: _____ AM [] PM [] Ending Time: _____ AM [] PM []

Please note time should include set-up and clean up.

Ongoing Event: One time use: [] Weekly: [] Monthly: [] Annually: []

Number expected to attend Event: _____

Decision needed by: _____

Will refreshments be served? Yes [] No []

Will custodial support be provided? Yes [] No []

Will there be outside vendors for food service? Yes [] No []

Will there be a need for IT Support? Yes [] No []

If IT support needed, specify what equipment is requested: _____

Type of space requested for Event: (General Assembly Room, Auditorium, Classroom, Lobby, etc.)

Type of set-up requested for Event: (Number of tables, chairs, etc.)

Who is the target audience for this Event? _____

What is the purpose of this Event? _____

Explain how you are advertising, promoting this event? _____

****NEED: Certificate of Insurance (General Liability; Worker's Comp; Auto Insurance)****
If approved, a contract must be drawn up with the HCC Legal Counsel and Certificate in place before the Event occurs.

DO NOT WRITE BELOW THIS LINE

Office Use: DO NOT COMPLETE

Is requested space available for use? Yes [] No []

Approval:

Campus Administrator's Signature

Date

Final administrative approval after Executive Team Review:

College Operations Officer

Date