

SHAWNEE COMMUNITY COLLEGE  
8364 Shawnee College Road, Ullin IL 62992  
REQUEST FOR USE OF COLLEGE FACILITIES

ORGANIZATION \_\_\_\_\_ PHONE (work) \_\_\_\_\_  
 CONTACT PERSON \_\_\_\_\_ (home) \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

TYPE OF ACTIVITY \_\_\_\_\_ NUMBER OF PARTICIPANTS \_\_\_\_\_

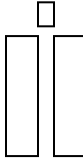
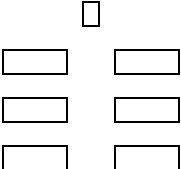
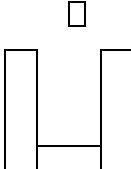
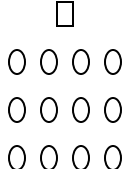
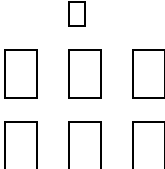
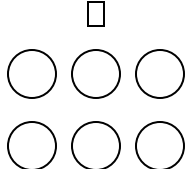
DATE OF ACTIVITY \_\_\_\_\_ SETUP TIME: \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.  
 EVENT TIME: \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

SCC FOOD SERVICE: \_\_\_\_\_ Yes \_\_\_\_\_ No

- If yes: (1) It is the responsibility of the user to contact the cafeteria manager at 634-3312 to arrange for catering.  
 (2) If an outside caterer is contracted and the SCC kitchen/lab area is needed, the user must employ a college cafeteria employee at the rate of \$10.00 an hour (minimum of 4 hours) to supervise the use of the area. The user must contact the cafeteria manager to arrange for the employment of the SCC cafeteria employee.

SPECIFIC AREA REQUESTED and FACILITY RENTAL FEES: (per day)		TOTAL DUE \$	
_____ J2052 River Room	\$ 25.00	_____ H2111 Board Room	\$ 25.00
_____ H2053 Cafeteria (1-75)	\$ 50.00	_____ I2033 Gymnasium	\$100.00
_____ H2053 Cafeteria (76-100)	\$100.00	_____ Classroom (as is)	no fee
_____ Atrium	\$ 50.00	_____ Classroom (special setup)	\$ 15.00
_____ K--- Educational Center	\$100.00	_____ K--- Observation Deck	\$ 50.00
_____ K2229 --- Conf. Room #1	\$ 25.00	_____ Teleconference Fee	\$ 25.00
_____ K2230 --- Conf. Room #2	\$ 25.00	_____ Cancellation Failure Fee	\$ 35.00
_____ Janitorial/Clean-up Fee *	\$15.00/hour	_____ Sound/Lighting Technician **	\$15.00/hour
(*if required – billed separately)		(minimum of 4 hours)	

ROOM ARRANGEMENT  
RIVER ROOM, ATRIUM, CAFETERIA \*  
CONFERENCE ROOM #1 AND CONFERENCE ROOM #2 \*\*

Banquet*	Conference* **	U-Shape *	Theater* **	Rectangle*	Reception*
					
Chairs on both sides	Chairs on one side facing podium	Chairs on outside of U or inside & outside of U	Chair Seats and Podium only	Chairs on both sides of tables facing podium	Chairs placed around tables

SPECIAL SETUP/EQUIPMENT REQUESTS:  
 \_\_\_\_\_ Head Table (for \_\_\_\_\_ number of people)  
 \_\_\_\_\_ Extra Table(s) (# \_\_\_\_\_ needed)  
 \_\_\_\_\_ Table for Food (# \_\_\_\_\_ needed)  
 \_\_\_\_\_ Registration Table  
 \_\_\_\_\_ Gift/Cake/Display Table(s) (# \_\_\_\_\_ needed)  
 \_\_\_\_\_ Chairs at tables marked above  
 \_\_\_\_\_ Designated space for music  
 \_\_\_\_\_ Extension Cord (# \_\_\_\_\_ needed)  
 \_\_\_\_\_ Stage  
 \_\_\_\_\_ Podium

AUDIO/VISUAL EQUIPMENT:  
 \_\_\_\_\_ P.A. System  
 \_\_\_\_\_ Corded Microphone (recommended)  
 \_\_\_\_\_ Cordless Microphone  
 \_\_\_\_\_ Portable P.A. System  
 \_\_\_\_\_ Overhead Projector  
 \_\_\_\_\_ LCD Projector w/ Computer (for PowerPoint)  
 \_\_\_\_\_ LCD Projector w/ VCR  
 \_\_\_\_\_ Portable Screen for Projection Units  
 \_\_\_\_\_ V.C.R. / T.V.  
 \_\_\_\_\_ Flip Chart or Easel (Circle One or Both)  
 \_\_\_\_\_ Slide Projector

## AGREEMENT FOR USE OF COLLEGE FACILITIES

On behalf of \_\_\_\_\_, I agree to the following terms:  
(organization or individual)

1. I have read and understand Shawnee Community College policy #8210 and agree to the conditions as set forth in the policy.
2. If the educational center is to be used, only qualified SCC personnel will be permitted to operate the stage lighting and sound reinforcement systems. Requests for a sound technician will be made through the office of the Special Events Facilitator at 634-3323.
3. If additional janitorial services are required to clean up after this activity, to pay for this service after the conclusion of the activity as billed by the college at a rate of \$15.00/hour.
4. If any damage to College property occurs as a result of this activity, to assume full financial responsibility for repair and/or replacement.
5. To notify Becky Casper, extension 3260, or Beth Darden, extension 3224, of any changes in the number of people attending or the cancellation of this activity, at least 48 hours in advance. Failure to do so may result in the loss of future privileges to reserve rooms at Shawnee Community College, and/or a charge of \$35.00.
6. If requested by the College, to name Shawnee Community College in all advertising and promotional notices for this activity/event.
7. If a classroom is used for this activity/event, to put the room furniture back in its original arrangement and pick up any litter left by the group. I understand that no food, candy, or drinks are allowed in classrooms or the educational center.
8. If an outside caterer is contracted and the SCC kitchen/lab area is needed, the College will charge \$10.00 per hour (minimum 4 hours) for supervisory personnel.
9. No dancing will be allowed without the use of a dance floor and that it is the responsibility of the user to rent a portable dance floor from an outside vendor and setup by the user or vendor supplying the dance floor.
10. The use of candles or other open flames while using the facility will not be allowed.
11. The organization and/or individuals requesting the use of school facilities accept full responsibility of the facility and equipment during its use; assume financial liability for any damage to the premises and equipment during its use; assume financial obligation of the service fees as stated; and waive all claims to liability of Community College District No. 531 for injuries or loss sustained while using facilities. Further, the organization and individuals agree to abide by the rules and regulations of the community college district and the direction of the community college employees engaged in supervision of the facilities.
12. **Payment of facility/technical fees are to be paid to *Shawnee Community College* with submission of this signed agreement. Facility will not be guaranteed to the user until full payment has been received.**

Signature for Organization or User \_\_\_\_\_

Date \_\_\_\_\_

Check/Money Order Enclosed      \$ \_\_\_\_\_ Amount      \_\_\_\_\_ Check/M.O. #

## AUDIO-VISUAL DEPARTMENT REQUEST FORM

### Who?

Name of person placing request: \_\_\_\_\_

Agency affiliated with: \_\_\_\_\_

Contact phone #: \_\_\_\_\_

Best time to contact: \_\_\_\_\_

### When?

Date of request: \_\_\_\_\_

Date equipment is needed: \_\_\_\_\_

Equipment set-up time: \_\_\_\_\_

### What?

Type of equipment needed (check those that apply)

\_\_\_\_\_ LCD Projector with Computer (for "PowerPoint"-type presentations)

\_\_\_\_\_ LCD Projector with a VCR

\_\_\_\_\_ Portable Screen for Projection Units

\_\_\_\_\_ PA System

\_\_\_\_\_ "Corded" Microphone (recommended)

\_\_\_\_\_ Cordless Microphone

\_\_\_\_\_ Portable PA System

\_\_\_\_\_ Slide Projector

\_\_\_\_\_ Television/VCR

\_\_\_\_\_ Flip Chart or Easel

\_\_\_\_\_ Other (please be specific) \_\_\_\_\_

\_\_\_\_\_

If you need more than one of an item, how many? \_\_\_\_\_

(Please note that more than one of an item may not be available)

### Where?

Room(s) equipment is needed in: \_\_\_\_\_

Is the equipment to be taken off campus? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Please note that if yes, the President or his/her designated representative's signature is needed.)

Signature of President or his/her representative: \_\_\_\_\_

Special set-up requests (please be as specific as possible)

\_\_\_\_\_

\_\_\_\_\_

For AV Department Use Only:

Date form received in AV Office: \_\_\_\_\_

Notes:

\_\_\_\_\_

\_\_\_\_\_

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