

Internal Events Checklist and Instructions

We know you are working hard to organize a wonderful event to support our college community and we want to help make that process as smooth as possible.

Because all facility reservations, even for College Sponsored Events, must begin with the completion of the Request for Facility Use form, we have developed the following checklist and instructions below which are intended to guide you in the process.

Even though you must use the same form for your reservation request, the process for College Sponsored events is somewhat different than if you are an outside vendor.

Please review the checklist and follow the specific modified instructions as you complete the Request for Use of Facilities application form.

For assistance, please contact Rachel Corrales at corrales@smccd.edu or (650) 306-3271.

Thank you.

CHECKLIST

1.	Complete the Request for Use of Facilities application form.	☐
2.	Check that all documents are signed and initialed where indicated.	☐
3.	Include a diagram which shows the specific set-up for your event.	☐
4.	Note the Account # (FOAP) on page 3 of the Request for Use of Facility form.	☐
5.	Mention any special requests not addressed in Request for Use of Facility form on page 2 under Special Arrangements.	☐

Instructions for Facility Use for Internal (College Sponsored) Events

Prior to completing Request for Facility Use form, identify which facility you are interested in renting for your event.

- If you need assistance to identify possible venues, please be ready to provide a general description of your event, including expected number of persons attending, and contact Rachel Corrales to determine potential locations.
- Rachel Corrales contact info: corrales@smccd.edu; (650) 306-3271

Fill out *Request for Use of Facilities Form*:

- Form is available online at www.cañadacollege.edu/facilitiesrental
- Form is a fillable pdf.
- Download pdf form, save on your computer, and rename file with your event name.

Follow the directions below to fill out the Request for Use of Facilities Form

- Directions below are customized for Internal Events.
- Each bolded heading in the table below refers to a section of the Request for Use of Facilities beginning at the very top of the form and follows from left to right in the form.

REQUEST FOR USE OF FACILITIES (on Page 1 of 3)

Contract #: (box located at very top left corner of page)

- Leave this box blank. Do not write anything here.
- The Cashier's Office will provide a Reservation # after the Request for Use of Facilities form is completed and submitted.

Indicate Cañada College as your location by clicking on the circle

APPLICANT INFORMATION (on Page 1 of 3)

Application Date:

- This is the date you are completing the application
- Use mm/dd/yyyy format to indicate date, for example 05/10/2017
- All internal events require that you must submit an application at least two weeks in advance of your event.

Profit and Non-Profit circles and **Non-Profit ID/EIN:**

- Leave these fields blank as they do not apply for internal events

Name of Applicant/Organization: • Write the name of person filling out application • Write G# of the person filling out the application • Example: Cody Colt, G00700705
Is this an internal college event? • Click yes for all internal events, including Associated Student clubs
If yes, requesting division/department: • Write the name of your division or department or Associated Student club name
Authorized Representative: • Write the name of your manager or Associated Student club advisor • Include the authorized representative's office phone number and cell phone number • Leave fax blank
Day of Event Contact: • Write the name of the person in charge who will be on-site during the event and their office number and cell number • <u>If it is the same person as listed under Authorized Representative</u>, please repeat the information including their name, office number and cell number (yes, again so we are sure it is the same person)
Street Address: • Provide the <u>Authorized Representative's</u> street address, city, state, zip
Email Address: • Provide the <u>Authorized Representative's</u> email address
FACILITY USE / EVENT INFORMATION (on Page 1 of 3)
Name / Nature of Event: • Provide the name of the event and a 2-3 word description
Event Date(s): • Write all dates event will occur • Use dd/mm/yyyy format • You can enter many dates even though the box looks short, and it will expand with a + sign

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

- Please fill out the specific time fields
- Write times using following format: 10:00 am or 1:00 pm
- Total hours is calculated from the Arrival Time to the Departure Time
- If you are holding your event on multiple dates with varying times:
 - Attach a separate sheet with your application which indicates the specific date, arrival time, event start time, event end time, departure time, total hours
 - Make sure your attached sheet includes the Applicant Name and Event Name.
 - See table below as example. (Also attached on last page as template for you to use.)

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

Facility/Room to Rent:

- Use the drop down menu to select desired facility
- If your desired location is not listed, you may simply type in the box in the shaded area and indicate requested facility
- If several facilities are desired, or different facilities for different dates, attach a separate sheet with the following information by adding a column labeled Facility to Rent.
- Make sure your attached sheet includes the Applicant Name and Event Name.
- See table below as example. (Also attached on last page as template for you to use.)

Date	Arrival Time	Event Start Time	Event End Time	Departure Time	Total Hours	Facility to Rent

Additional Facility/Room to Rent:

- Use the drop down menu to select an additional desired facility
- If you need more than a 2nd desired facility, or your desired facility is not listed, please follow same instructions above and submit separate word document.

Attendance table: • Estimated Attendance: Indicate the total estimate number of adults and total estimate number of minors who will be in attendance • Spectators: leave this blank • Total Attendance: This box automatically calculates the total number of participants and spectators.
REQUEST FOR USE OF FACILITIES (on Page 2 of 3)
Check the box if you are:
Collecting admission or sales – For what purpose are the funds used? • Check box if this applies to your event • Explain how the proceeds of your admission or sales will be used
Serving food – Please describe: • Check box if you expect to serve food • Explain the kind of food that will be served (e.g. cookies, boxed sandwiches, refreshments, etc.) • If you are working with a vendor to cater the event, please indicate that in the explanation box • Consider using Pacific Dining as the District has a business relationship in place: (408) 406-8487 or Rick@Pacific-Dining.com
Providing Concessions – Please describe: • Check box if this applies • Explain the type of concessions
Serving Alcohol • Leave this blank. Alcohol is not allowed.
Having minors in attendance • Check box if minors may be participating in event • Check box if minors might attend as spectators or simply accompanying adults
Need parking information • Mark this box if there will be guests who need visitor parking permits • You will need to contact the Public Safety Office to make a request for visitor parking permits
Multi-day event • Check box if your event occurs on more than one day (this includes set up and clean up time)

Having live music

- Check box if you will have any live music played
- Check box if there will be amplified music (DJ, sound system, etc.)

Media Equipment – Check the box and enter amount

- Check all boxes that apply on the left of the item
- On the right of each item, indicate how many items are needed
- If you checked microphone, indicate a request for wireless microphones if desired in the “Other” box.
- In the “Other” box, indicate any other special requests

Furniture – Check the box and enter the amount

- Check all boxes that apply on the left of the item
- On the right of each item, indicate how many items are needed
- In “Other”, indicate any other needed furniture and how many are needed, for example, 2 trash cans, 3 canopies

Special Arrangements:

- We highly recommend attaching a diagram or picture of your event set up; note locations, where tables should be placed, chairs, podium, etc.; be as specific as possible
- In this space, write “See attached diagram for set up details”
- Detail any other special requests in this space

Applicant Signature

- If you have an electronic signature please place here
- If you do not have an electronic signature, please print document after completing all pages, and sign and scan document to submit
- If this is for an Associated Students club event, the following additional signatures are required:
 - Club Advisor Signature:
 - Student Life and Leadership Signature:
 - Manager Signature:
- While they are not listed on the form, please print the form and add signatures onto physical copy in this section.

Date

- Identify date of completing application
- Use mm/dd/yyyy format

REQUEST FOR USE OF FACILITIES (on Page 3 of 3)

For SMCCCD Use Only

- The applicant is expected to complete the Account Number in this section

Account Number (FOAP)

- Indicate the FOAP number to be used in charging this event
- If you don't know the FOAP, please consult with your supervisor or Dean
- Generally Associated Student club events will be charged to a special account; consult with the club supervisor

Facilities Assigned

- The Cashier's Office will complete this section and indicate the specific facilities and/or rooms assigned for your event

Personnel Requirement

- The Cashier's Office will complete this section

Total Estimated Fees

- The Cashier's Office will complete this section

Applicant Signature and Date

College Supervisor Signature and Date

V.P. of Instruction / V.P. of Student Services Signature and Date

V.P. of Administrative Services Signature and Date

- All signatures must be completed prior to submitting form to Cashier's Office
- If you have an electronic signature please place here
- If you do not have an electronic signature, please print document after completing all pages, and sign and scan document to submit

Sample Worksheet Tables:

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

Date	Arrival Time	Event Start Time	Event End Time	Departure Time	Total Hours	Facility to Rent

Facility/Room to Rent:

Date	Arrival Time	Event Start Time	Event End Time	Departure Time	Total Hours	Facility to Rent