



<b>OFFICE USE ONLY</b>
CONTRACT No.: _____
FY: _____

## FACILITY USE APPLICATION

### 1. APPLICANT INFORMATION

A.

Organization Name \_\_\_\_\_

Street Address \_\_\_\_\_ Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**B. Organization Type (Check One)**

- Private
- Public Agency
- Non-Profit / Federal ID
- Compton College (In-House / Official Business)

**C. Event Sponsor (Responsible Party)**

**D. Contact Person (If different from Event Sponsor.)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Evening/Cell Phone \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Evening/Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Is event co-sponsored (providing assistance) with another agency or commercial organization?  Yes  No

If yes, identify.

\_\_\_\_\_

### 2. EVENT DETAILS

A.

Event Name \_\_\_\_\_

B.

Purpose \_\_\_\_\_

C. Date(s): From: \_\_\_\_\_ To: \_\_\_\_\_ Hours: \_\_\_\_\_  
MM/DD/YY MM/DD/YY Begin End

Set-up time / clean-up time, if needed: Hours: \_\_\_\_\_  
Set-Up Clean-Up

D. Open to public?  Yes  No Daily Attendance Estimates: \_\_\_\_\_  
Spectators Participants

E. Will admission fees, donations, collections, solicitations, or membership dues be collected?  Yes  No  
 If yes, how will net receipts be used?  
 \_\_\_\_\_

F. Are refreshments / food to be served or sold?  Yes  No  
 If yes, describe.  
 \_\_\_\_\_

Organization Name \_\_\_\_\_

3. **FACILITY REQUESTED** (Mark all that apply.)

<input type="checkbox"/>	Athletic Field	<input type="checkbox"/>	Dance Room (Gym)	<input type="checkbox"/>	Student Center
<input type="checkbox"/>	Athletic Field, Track	<input type="checkbox"/>	Gymnasium	<input type="checkbox"/>	Student Lounge Outdoor Quad
<input type="checkbox"/>	Atrium, VT	<input type="checkbox"/>	Little Theater *	<input type="checkbox"/>	Swimming Pool *
<input type="checkbox"/>	Board Room	<input type="checkbox"/>	Locker Room: M F	<input type="checkbox"/>	
<input type="checkbox"/>	Classroom(s) Qty:	<input type="checkbox"/>	Parking Lot(s)	<input type="checkbox"/>	
<input type="checkbox"/>	Classroom, Smart	<input type="checkbox"/>	Stadium w/ Concession	<input type="checkbox"/>	
<input type="checkbox"/>	Conference Room, Title V	<input type="checkbox"/>	Stadium w/o Concession	<input type="checkbox"/>	
<input type="checkbox"/>	Conference Room, VT	<input type="checkbox"/>	Staff Lounge	<input type="checkbox"/>	

\* Not available at this time.

4. **A. EQUIPMENT AND SERVICE REQUIREMENTS:**

<input type="checkbox"/>	None				
<input type="checkbox"/>	Applicant will provide		Small Table	Small Canopy	
<b>Request College To Provide</b> (Mark all that apply.)					
<b>QTY</b>	<b>ITEM</b>	<input type="checkbox"/>	<b>ITEM</b>	<input type="checkbox"/>	<b>OTHER</b>
<input type="checkbox"/>	Chairs	<input type="checkbox"/>	Television with DVD	<input type="checkbox"/>	
<input type="checkbox"/>	Tables, 6'	<input type="checkbox"/>	Television with VCR	<input type="checkbox"/>	
<input type="checkbox"/>	Tables, 8'	<input type="checkbox"/>	Projector, Data	<input type="checkbox"/>	
<input type="checkbox"/>	Podium / Lectern	<input type="checkbox"/>	Projector, Overhead	<input type="checkbox"/>	
<input type="checkbox"/>	Stool	<input type="checkbox"/>	Projector, Slide	<input type="checkbox"/>	<b>Specialized Services</b>
<input type="checkbox"/>	Microphone	<input type="checkbox"/>	<b>Gymnasium Only</b>	<input type="checkbox"/>	Electrical (Outdoor)
<input type="checkbox"/>	Public Address System	<input type="checkbox"/>	Backdrops	<input type="checkbox"/>	Lights (Outdoor)
<input type="checkbox"/>	Stage / Platform	<input type="checkbox"/>	Bleachers	<input type="checkbox"/>	Internet Access
<input type="checkbox"/>	Screen	<input type="checkbox"/>	Scoreboard	<input type="checkbox"/>	

**B. SET UP OF FACILITIES:**    Yes    No    *If yes, attach diagram of requested set-up to application.*

5. **APPLICATION CONDITIONS / SIGNATURE**

- A. The Facility Use Application is an application only and in no way constitutes any obligation by the District to the Applicant for use of any facility. Authorization to use a facility is not given until the Applicant has receives a signed Civic Center Permit or Lease Agreement.
- B. Documentation supporting the nature and purpose of the organization and event must be submitted to the College on request. Failure to do so may result in disqualification of the Application.
- C. The undersigned has read and hereby agrees to abide by and enforce all rules and regulations, including insurance requirements, pertaining to the use of school facilities established by the Board of Trustees of Compton Community College District which are attached to this application.

\_\_\_\_\_  
Event Sponsor Signature (Applicant)

\_\_\_\_\_  
Date

OFFICE USE ONLY	
Application Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date:	
Permit/Agreement Amount:	
Authorized Representative of Board of Trustees	