

# COMPTON COMMUNITY COLLEGE DISTRICT

## *IN-HOUSE FACILITIES USAGE*

---

Today's Date: \_\_\_\_\_

REQUESTOR/ COORDINATOR: \_\_\_\_\_ EXT.: \_\_\_\_\_

ACTIVITY: \_\_\_\_\_

DATE(s) REQUESTED: \_\_\_\_\_

TIME OF ACTIVITY: \_\_\_\_\_

LOCATION DESIRED: \_\_\_\_\_

### **ADDITIONAL DETAILS/SET UP REQUIREMENTS**

---

---

---

---

SUPERVISOR/DIRECTOR	DATE	ADMINISTRATOR	DATE
---------------------	------	---------------	------

### **PROCEDURES FOR PROCESSING**

1. Completely fill out information above.
2. Please attach a diagram of arrangements required.
3. Please schedule 15 days prior to the date of event.
4. Submit required documents to the of attention Stella Luna/AHB Foundation Office

**NOTE: NO REQUESTS WILL BE PROCESSED WITHOUT FULLY ADHERING TO PROCEDURE AND OBTAINING ALL SIGNATURES.**

Facility Rentals  
Original

Maintenance Dept  
Copy

Requestor  
Copy