Community College of Baltimore County
Event Reservation Request

Request Number __________

TO BE COMPLETED BY EXTERNAL GROUPS (Community Organizations and Groups)

DATE: ________ (Requests must be made at least 25 business days prior to the event.)

COMMUNITY ORGANIZATION/GROUP: ____________________________________________

CONTACT: __________ PHONE: __________ EMAIL: __________

ALTERNATE CONTACT INFORMATION
Someone that can answer questions regarding the event may need to be contacted during setup. If that is someone other than the above, please provide his/her name and phone number. Be sure to provide a phone number at which he/she can be reached prior to the event. Name: __________ Phone #(#s): __________

ADDRESS ____________________________________________

CITY _________ STATE _____ ZIP CODE __________

Is the applicant a non–profit organization: _____ Yes _____ No

If yes, please provide proof of non–profit status by submitting with this Reservation Request Form one of the following (check one):

___ A Certificate of Good Standing properly issued by the Maryland Department of Assessments and Taxation, dated no earlier than 12 months before the date requested; or

___ IRS Form 1099 filed in the prior fiscal year

___ Federal, State or Local Government agency

GENERAL INFORMATION/SPACE REQUEST

EVENT TITLE: ____________________________________________

DESCRIPTION OF EVENT: ____________________________________________

EVENT DATE(S): ______________________

EVENT START TIME: ________ END TIME: ________

LOCATION ACCESS TIMES - From: ________ To: ________ (total time you will need the space including the time you need to set up and break down your event)

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ANTICIPATED NUMBER OF ATTENDEES: _____  ESTIMATED PARKING SPACES NEEDED: _____

VIP/RESERVED PARKING
If state, local or national dignitaries will be in attendance, please list them: ______

If VIP parking spaces are necessary, please list the number of spaces and preferred parking lot: ______

☐ FOOD SERVICE REQUESTED
Please contact the CCBC caterer for any food, drink, or table skirting requirements catering@ccbc.edu. CCBC caterer has the right of first refusal for any food and drink served at CCBC.

☐ ALCOHOL POLICY EXCEPTION REQUESTED
CCBC does not generally permit the sale or consumption of alcohol and any request for an exception to this policy must be approved by the College President – see CCBC Policy for Sale and/or Consumption of Alcohol at Events, Approved exceptions are limited to light wine and beer and must be requested at least 60 days in advance of the event.

GENERAL SPACE REQUEST – Check all that apply.

LOCATION:
☐ CATONSVILLE  ☐ DUNDALK  ☐ ESSEX  ☐ HUNT VALLEY  ☐ OWINGS MILLS  ☐ RANDALLSTOWN

TYPE OF SPACE NEEDED:
☐ CLASSROOM  ☐ COMPUTER CLASSROOM  ☐ CONFERENCE/MEETING ROOM  ☐ LOUNGE
☐ LECTURE HALL (Catonsville/Essex only)  ☐ RECITAL HALL (Essex only)  ☐ THEATRE
☐ LOBBY/COMMON AREA  ☐ CAFETERIA  ☐ BARN/PERFORMANCE SPACE (Catonsville only)
☐ ATHLETIC FACILITY (IE: GYM, FIELD, STADIUM, POOL)  ☐ PARKING LOT (as an event site)

* List preferred location(s) and number of rooms for any room request:

________________________________________________________________________________________

FACILITIES MANAGEMENT – SETUP INFORMATION (If applicable, please also complete the sections for Athletics, Theatre, and/or Technology.)

ROOM SET UP
☐ Banquet Style (# of people to seat_______) (Type of tables: ___ round  ___ rectangular)
☐ Lecture Style – chairs only (# of people to seat________)
☐ Classroom Style – tables and chairs (# of people to seat________)
☐ Reception Style – Provide brief explanation __________________________________________
☐ Other – Provide brief explanation _________________________________________
☐ Extra tables needed  How many? ______  Extra chairs needed. How many? _____________
☐ Grill needed (for outside event)

Please provide a diagram of room layout.

☐ DIRECTIONAL SIGNS REQUIRED - Please specify___________________________

☐ ELECTRICAL REQUIREMENTS - Please specify___________________________

☐ GROUNDSKEEPING SERVICES REQUIRED (e.g. extra trash barrels, picnic tables moved) -
Please specify: ____________________

☐ ADDITIONAL CUSTODIAL SERVICES REQUIRED - Areas will be cleaned prior to and proceeding the event. If additional services are required, please specify: ________________________________

OTHER IMPORTANT EVENT LOGISTICS
If not covered above, please use this space to include all other details regarding the setup of your event.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

All requests for needed items must be made at the time of reservation. Any revisions to this section of the form must be made at least two business days in advance of the event.

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TECHNOLOGY - IF REQUESTING TECHNOLOGY COMPONENTS AND/OR SUPPORT, PLEASE COMPLETE THE FOLLOWING:

☐ LCD Projection Unit*
☐ Smart Cart (includes PC, VCR/DVD*, & LCD Projector) 
  _____w/audio connection

☐ Powered speakers w/mic* 
  Indicate number of microphones needed:
  Wireless ______
  Lavaliere (lapel) ______

☐ Document Camera*
☐ Lectern w/mic*
☐ Screen*
☐ Extension cord (indicate #) ______ 
☐ Power Strip (indicate #) ______

☐ Specialized Needs ______________________________________________________
☐ Technical Assistance Requested (CCBC technical staff will perform the equipment set up. If assistance is desired beyond setup, this box should be checked.)

All requests for needed items must be made at the time of reservation. Any revisions to this section of the form must be made at least 10 business days in advance of the event.

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THEATRES - IF REQUESTING THEATRE SPACE, PLEASE COMPLETE THE FOLLOWING:

AUDIO NEEDS
☑ Playback – CD
☑ Other audio visual needs – please use Technology portion of this form

LIGHTING NEEDS
☑ Full Stage Lighting
☑ In Front of Main Curtain
☑ Special Areas: ________________________________

OTHER
☑ Marley Dance Surface
☑ Piano – Grand or Upright based on availability.
☑ Concessions – CCBC caterer has right of first refusal. Contact catering@ccbcmd.edu. CCBC will consider other requests.
☑ Technical Assistance Requested (CCBC technical staff will perform the equipment set up. If assistance is desired beyond setup, this box should be checked.)

If the requested event requires more than general lighting, or any lighting changes, these requirements should be submitted with this form (see below).

Depending on the needs, time, day and date of the event, the requesting organization may be charged for technical staff or overtime for the theatre technician. Please note: Certain events may require a house manager as well. The Theatre Staff will determine the crew needs and event set-up, run and strike times.

All requests for needed items should be made at the time of reservation. Any revisions to this section of the form should be made at least 10 business days in advance of the event.

Additional Notes or Stage Plot (attach an additional sheet if necessary):

ATHLETIC FACILITIES - IF REQUESTING ATHLETIC FACILITIES, PLEASE COMPLETE THE FOLLOWING (check all that apply):

☑ GYMNASIUM  ☑ MULTI-PURPOSE FIELDS#____  ☑ CLASSROOM(S) #____
☑ SOFTBALL FIELD  ☑ STADIUM  ☑ POOL
☑ BASEBALL FIELD  ☑ BALCONY  ☑ LOCKER ROOM(S) #____
☐ BLEACHERS

NUMBER OF COURTS
_____Basketball (3 max.)  _____Volleyball (5 max.)  _____Tennis (12 max.)  _____Racquetball (2 max.)

SPECIAL ITEMS
☐ TABLES #___  ☑ SOCCER GOALS #___  ☑ AUDIOVISUAL (Please complete Technology portion of this form)
☐ CHAIRS #___  ☑ LACROSSE GOALS #___
☐ SCOREBOARD  ☑ BASKETBALL GOALS #___
☐ VOLLEYBALL NET

☐ TECHNICAL ASSISTANCE (CCBC technical staff will perform the equipment set up. If assistance is desired beyond setup, this box should be checked.)
☐ OTHER______________________________________________________________
Set Up Instructions:

Depending on the needs, time, day and date of the event, the requesting organization may be charged for support staff. The Athletics Department will determine the staff needs and event set-up, run and strike times.

All requests for needed items must be made at the time of reservation. Any revisions must be made at least three business days in advance of the event.

OTHER
☐ CHARGING ADMISSION
☐ CONCESSIONS – CCBC caterer has right of first refusal. Contact catering@ccbc.edu. CCBC will consider other requests.

* If the event request is approved, additional information may be needed.

☐ Check here if you would like to discuss your event needs with a college representative.

For Office Use Only

Event Approved __________ Date____________

Rooms/Spaces Assigned______________________________________________________________

Room Availability for Setup and Breakdown:

Setup: From _______________ to _______________

Breakdown: From______________ to _______________