Community College of Baltimore County Event Reservation Request

Request Number_____

то ве сом	IPLETED BY EXTERNAL GROUPS (Community Organizations and Groups)	
DATE:	(Requests must be made at least 25 busin	ness days prior to the event.)	
COMMUNIT	Y ORGANIZATION/GROUP:		
CONTACT:	PHONE:	EMAIL:	
Someone that than the above		may need to be contacted during setup. If that is someone oth number. Be sure to provide a phone number at which he/she of Phone #(s):	
ADDRESS			
CITY	STATE ZIP CODE		
			_
Is the applicar	nt a non – profit organization: Yes	No	
If yes, please (check one):	provide proof of non – profit status by su	bmitting with this Reservation Request Form one of the follow	ving
	A Certificate of Good Standing pr Taxation, dated no earlier than 12 mon	operly issued by the Maryland Department of Assessments an ths before the date requested; or	d
	IRS Form 1099 filed in the prior f	scal year	
	Federal, State or Local Governmen	at agency	
<u>GENERAL I</u>	NFORMATION/SPACE REQUEST		
EVENT TITL	.E:		
DESCRIPTIO	DN OF EVENT:		
Community C	College of Baltimore County	1 06/03/2015	

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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)

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 <u>mflanagan2@ccbcmd.edu</u> 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:

<u>FACILITIES MANAGEMENT</u> – 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)
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- □ 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? ______

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Grill needed	(for	outside	event)
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Please provide a diagram of room layout.

DIRECTIONAL	SIGNS REC	JUIRED	- 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.

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

LCD Projection Unit*

□ Smart Cart (includes PC, □ Powered speakers w/mic*

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_ _ _ _

VCR/DVD*, & LCD Projector) w/audio connection	Indicate number of microphones needed: Wireless Lavaliere (lapel)
 Document Camera* Lectern w/mic* Screen* 	
 Extension cord (indicate #) Specialized Needs 	Power Strip (indicate #)

□ 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.

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 <u>mflanagan2@ccbcmd.edu</u>. 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):

<u>ATHLECTIC FACILITIES</u> - IF REQUESTING ATHLETIC FACILITIES, PLEASE COMPLETE THE FOLLOWING (*check all that apply*):

GYMNASIUM SOFTBALL FIELD	□ MULTI-PURPO #	SE FIELDS#	CLASSR	OOM(S)
BASEBALL FIELD	STADIUM	□POOL		
	BALCONYBLEACHERS	LOCKER ROOM	M(S) #	
NUMBER OF COURTS				
Basketball (3 max.)	_Volleyball (5 max.)	Tennis (12 max.)	Racquetball	(2 max.)
SPECIAL ITEMS				
TABLES #	SOCCER GO	DALS #	□ AUDIOV	ISUAL (Please
CHAIRS #	LACROSSE	\Box LACROSSE GOALS #		hnology portion of this
SCOREBOARD	BASKETBA	BASKETBALL GOALS #		
VOLLEYBALL NET				
TECHNICAL ASSISTANCE setup, this box should be che	•	l perform the equipme	nt set up. If assista	ance is desired beyond
• 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 <u>mflanagan2@ccbcmd.edu</u>. 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	

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Room Availability for Setup and Breakdown:

Setup: From ______ to _____

Breakdown: From_____ to _____