



ASO Organizations Application for Use of College Facilities

Event Date:

Today's Date:	**NOTE: For multiple dates, please attach a separate list to this application.	Time of Event:
Name of Event:		Amount of time to Setup: _____ To Breakdown: _____ hr
Describe the benefit to the college for holding this event:		Day of Week:
ASO Club:		# of Participants: _____
Requestor's Name :		Spectators: _____
		Vehicles: _____
Requestor's Email:	Club Advisor's Name:	Club Advisor's Approval:
Requestor's phone number:	ASO Advisor's Name:	ASO Advisor's Approval:

Facility Requested: **Student Community Center** **Other (Please indicate location below)**

Event Description:

****NOTE** If specific setup requirements are needed, please attach a sketch and/or details.**

Are you charging admission? Yes: No: If yes, how much:

Will non-Pierce students be attending this event? Yes: No:

Is this a fundraiser? Yes: No:

(For any on or off-campus fundraiser, an Application for Fundraising Activity located on the college website must also be attached to this request.)

**For Great Hall requests, please complete reverse side for setup requirements.
Coordinate all audio/visual requirements through the ASO Office.
The campus does not provide free parking. Parking is available for \$3.00 day per vehicle.**

"All multimedia used on the college campus by outside organizations must be accessible as mandated by Sections 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act of 2009. Multimedia must be captioned and includes all media broadcasted, webcast material, video broadcasts, video tapes, and DVDs."

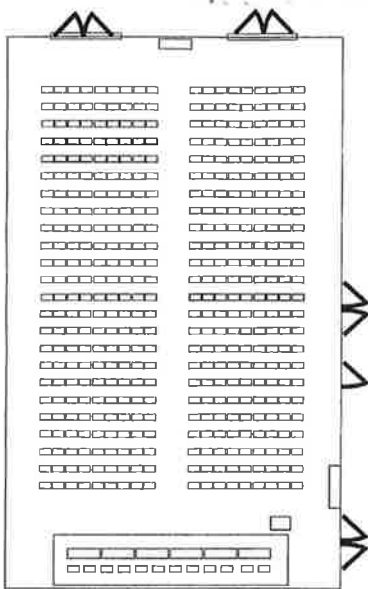
Layout Guide for the Student Community Center

NOTE

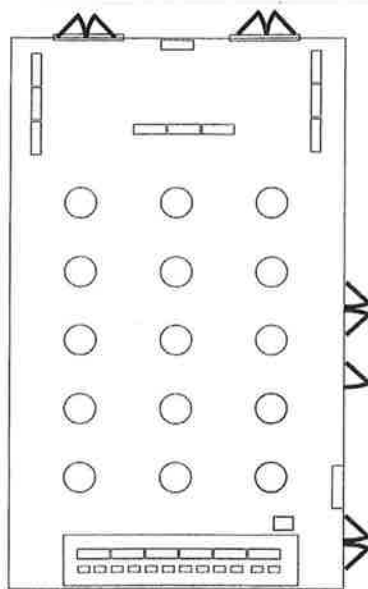
Requestor is responsible for the arrangement, pick-up and return of audio/visual and computer equipment from the Information Technology Department, 719-6496.

Requestor is also responsible for the arrangement, pick-up, return and payment for any additional rental tables, chairs, and required equipment necessary to support their activity/event.

There are a maximum of 2 mics, 15 tables and 170 chairs for use within the Student Community Center. They may not be removed from the room.



Sample Theatre Style or Presentation Format Setup



Sample Dining Room with Dais



Please outline your setup using the samples provided.

Sample size of the fixtures
Round table chairs 6X2.5 Table



Indicate Equipment Needed:

a. Number of Chairs: _____

b. Number of Tables: _____

Indicate Facilities Required

- 33 gallon trash cans YES HVAC YES
- Sprinklers turned off at site YES Restrooms YES
- Cleanup YES

In order for our system to accept your payment, please fill out this form



Create Vendor Form

NOTE: * = required information; must enter information

GENERAL INFORMATION

* Legal Name of Vendor: _____

* Taxpayer Identification Number _____
Social Security Number **OR** _____
Employer Identification Number: _____

* Telephone Number: _____

Contractor License Info: Class: _____ License No: _____

* ADDRESS INFORMATION

Main Address _____

Address: _____

City: _____

State: _____

Zip: _____

SALES CONTACT

* Person/Name: _____

* Telephone Number: _____

* FAX: _____

A/P Contact

Person/Name: _____

Telephone Number: _____

FAX: _____