



**OFFICE OF  
COLLEGE LIFE**  
408-864-8756  
collegelife@fhda.edu  
www.deanza.edu/collegelife

# SPECIAL EVENT FACILITY REQUEST FORM

- Request must be submitted to Dennis Shannakian, College Life Office Coordinator, and meet with her to discuss special event.
- Request will not be accepted without advisor's approval signature.
- **Allow at least twelve (12) working days prior to event.**
- Confirmation of request will be sent to the Club's/Organization's, Submitter's, and Advisor's email addresses.

**PLEASE PRINT CLEARLY  
INFORMATION**

1. Organization: \_\_\_\_\_

2. Organization Email: \_\_\_\_\_

3. Name: \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

4. Advisor: \_\_\_\_\_

Day Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

5. Purpose of Use: \_\_\_\_\_

6. Is any equipment required for this event?  YES  NO If yes, complete a College Life Equipment Checkout Form.

7. Will this event be co-sponsored with an off-campus organization?  YES  NO If yes, complete a College Life Co-Sponsorship Form.

8. Will this event be advertised off-campus?  YES  NO If yes, complete # 7 on a College Life Co-Sponsorship Form.

9. Will money be collected at this event?  YES  NO If yes, complete a College Life Fundraising/Money Collection Form.

10. Estimated Attendance: \_\_\_\_\_

11. Day(s) and Date(s) of Use: \_\_\_\_\_

(List ALL Day(s) and Date(s))

(Example: Fridays 4/11, 18, 25, 5/2 ...)

Alternate Choice(s) for Day(s) and Date(s): \_\_\_\_\_

12. Start Time: \_\_\_\_\_

AM / PM

End Time: \_\_\_\_\_

AM / PM

*Complete if Necessary*

Set-up Time: \_\_\_\_\_

AM / PM

To: \_\_\_\_\_

AM / PM

Clean-up Time: \_\_\_\_\_

AM / PM

To: \_\_\_\_\_

AM / PM

13. Facility  Any Room (write description in the comments section) \_\_\_\_\_

Alternate Choice(s): \_\_\_\_\_

For any potential staffing charges see *Direct Cost Fees* at <https://www.deanza.edu/facilities/facilityrentalfees.html>

## COMMENTS

14. • Any service requests (i.e. tables, chairs, canopy tents, parking permits, electricity, etc.) and facility specifications should be indicated here.

- Equipment needs (i.e. PA System, LCD projector, etc.) should be requested using the **College Life Equipment Checkout Form on the back.**

# of Tables \_\_\_\_\_

# of Chairs \_\_\_\_\_

# of Canopy Tents \_\_\_\_\_

# Parking Permit(s) Required \_\_\_\_\_

Electricity Required

\* Form Reviewed

(Office Use Only)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initials

## ADVISOR APPROVAL

As advisor, I approve this activity and will advise the members of their obligation to uphold college rules and regulations, and I will be present throughout this event, including set-up and clean-up.

15. Advisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## OFFICE USE ONLY

----- Confirmation/Contract # \_\_\_\_\_ -----  
Date                      Time                      Facility

Date                      Time                      Facility

Processed By: \_\_\_\_\_

Date: \_\_\_\_\_