Office Use Only
Received/Reviewed Date:

Received/Reviewed By	-
necestreaf neviewed by	•

MCC Room Request Form

- Please submit request to Melanie Te at temelanie@fhda.edu
- Requests will not be accepted without a signature from a staff or faculty member
- Allow at least 5 working days prior to the event
- Confirmation of the event will be sent to the requestor's email address.
- We have AV equipment and a projector available for use

Information

Requestor:	Phone	<u>:</u>	_ Email:				
Faculty or Staff Advisor: _	P	hone:	_Email:				
Event Name:							
Event Description:							
Please give a brief 2-3							
sentences about the event							
Estimated attendance:							
Will any equipment be re	quired for the event?	Yes	No				
Days and Dates of use:							
Please list all days and dates							
(Ex: Every Monday from 1/22-2/19)							
Start Time: End Time:							
Select Which Area:	MCC 14(Activity Area)	or MCC 1	1 (Conference Area)				
	Area	Use Agreeme	nt				
By checking below, we co	emply with these use requ	irements:					
	nember will supervise the	_	_				
	be appropriate/monitored	•	e and area will be kept neat for otl	hors' uso			
	h will be disposed of upon			iers use.			
4. Documents/presentations on the computer will be trashed							
5. All doors to the	building will be locked and	d checked upon ex	cit				
I AGREE to the mentioned above requirements							
Faculty or Staff Advisor Sig	nature:		Date:				