

Massasoit Community College

Area Requested _____	YES	NO	
Set-up Time _____			Food _____
Start Time _____			Beverage _____
Leave Time _____			
Org (or Budget) # for Overtime Charges _____			Admission Fees _____
Day(s)/Date(s) _____			
Description of Activity _____			
Approximate Number Attending _____			
EQUIPMENT & SETUP NEEDS: (TV/DVD, TABLES, BARRELS, ETC.)		PLEASE INDICATE BELOW DRAWING OF ROOM SETUP (<i>must be completed</i>).	

ORGANIZATION ACTIVITIES

Person who is NAME _____	TITLE _____
applying and who	
will be responsible DEPARTMENT _____	
and present for	
activity	EXTENSION _____
Applicant's Signature _____	Date _____
Dean or _____	Date _____
Department Head Signature	

Facilities Dept. Approval Signature

***THIS FORM MUST BE IN FACILITIES DEPARTMENT FIVE (5) WORKING DAYS IN ADVANCE WITH FOUR (4) COPIES.**