

Date Submitted:

Campus Administration

Facilities Reservation Request Form

(305) 237-1141 (main) (305) 237-8031 (fax) northreservations@mdc.edu (email)

Visit Us @ www.mdc.edu/main/facilities_rental

Contact Name:



Phone:

This form should be submitted immediately to the office of Campus Administration by fax or email. The organization sponsoring the event is financially responsible for all program expenses and overtime. This form is for room reservations only.

ALL INFORMATION ON THIS FORM IS REQUIRED

Fax: E-mai	:	Depart. Room Number/Camp	ous:
Name of department/company/organize	zation hosting event:		
Title/Name of Event:		and Constant Novel and Changle atte	. P
Brief Description of Stage Setup Requ	irements: App	proximate Number of People atter	naing:
MDC employees attending event?	Yes No Co	ommunity members attending eve	ent? Yes No
MDC students attending event?		erving Refreshments and/or food?	
M-DCPS employees attending event?	Yes 🔲 No 🔲 W	ill there be an admission fee?	Yes No
M-DCPS students attending event?	Yes 🔲 No 🗌 Ad	lmission Charge <u>(if any):</u>	
UNDER NO CIRCUMSTANCES IS FOO	DD AND DRINKS ALLOWED	INSIDE OF THE LEHMAN THEAT	ER, GREEN ROOM AND
A104. ANYONE IN VIOLATION OF THI	S RULE WILL BE FINED A	CLEANING FEE FOR ANY SPILLS	
Space(s) being requested: (Rooms	with a * have a <u>minimum</u> d	capacity of 100.Check our website	e for capacity)
Science Complex: A102	☐ A103	☐ A117	☐ A118
☐ A104*	☐ Science Pla		
	<u> </u>	<u></u>	
Building 4000:		☐ Quiet Dining Room B ☐ 3249- Hall C	☐ 4000 Atrium ☐ 3249- Hall D
Building 3000: ☐ 3249- Ha	III A 3249- Hali ☐ 3238	B <u> </u>	3000 Atrium
Theaters: Lehman		_	5000 Athum
Other (please list)	Theater Studio The	atei 3000 Attiutii	3000 Lakeside
Event Date(s):	Event Starting time:	Event Finish	ning Time:
Setup Starting Date: (A standard 1 day prior to event is required for setup)			
IF APPLICABLE (theaters only):			
Rehearsal Date(s):	Starting time:	Finishing Time:	
Technical Rehearsal Date(s):	Starting time:	Finishing Time:	
Dress Rehearsal Date(s):	Starting time:	Finishing Time:	
INTERNAL USER: You are responsible for sending work request to AV/Media Services, Campus Services (setup/custodial), Public			
Safety and Chartwells (2) weeks prior, and			(Setup/Custodiai), i ubiic
(L)	,,		
PLEASE LEAVE THE FACILITY IN THE SAME CONDITION YOU FOUND IT IN. REMOVAL OF CHAIRS AND			
RE-ARRANGING OF FURNITURE IS NOT PERMITTED WITHOUT A WORK ORDER.			
YOUR RESERVATION IS NOT CONFIRMED UNTIL YOU RECEIVE AN APPROVAL RECEIPT			
TO BE ELLI ED OUT BY ADMINISTRATIVE SERVICES OFFICE ONLY:			
TO BE FILLED OUT BY ADMINISTRATIVE SERVICES OFFICE ONLY: Rooms checked for availability (sign):			
Noonis checked for availability (sign).			
Approved: Yes No		Varguer Conice Director	
Fermin Vazquez, Senior Director			