



# CAMPUS EVENTS APPLICATION BRIGHTON CAMPUS

MONROE COMMUNITY COLLEGE  
1000 EAST HENRIETTA ROAD • ROCHESTER, NY 14623-5780  
BLDG. 3, ROOM 111 • (585) 292-2010 • FAX: (585) 292-3844

www.monroecc.edu/go/ce

PLEASE READ THE ATTACHED GUIDELINES BEFORE SIGNING. FILL IN ALL INFORMATION. RETURN THE COMPLETED FORM TO THE CAMPUS EVENTS OFFICE AT LEAST 15 DAYS PRIOR TO THE SCHEDULED EVENT. **ALL EVENTS SUBJECT TO CANCELLATION BY MCC ADMINISTRATION. PLEASE PRINT CLEARLY, COMPLETE ALL BOXES FOR PROPER PROCESSING.**

TODAY'S DATE		NAME OF ORGANIZATION (FOR BILLING PURPOSES)		
NAME OF CONTACT PERSON		TELEPHONE NO. (    )	CELL PHONE NO.	
ADDRESS		CITY, STATE, ZIP CODE		
E-MAIL		<b>PARKING SERVICES:</b> METERS _____ OR ASSIGNED LOTS: _____ E-Permit _____ <span style="float: right;">Up to 30</span>		
TITLE OF EVENT		<b>COLLEGE EVENTS ONLY: (MCC DEPT. MUST FILL OUT)</b> Org. Number _____ Account Number _____		
ESTIMATED NUMBER OF ATTENDEES:				
Non-College # _____ College # _____				

### SCHEDULE OF EVENTS

PLEASE BE SPECIFIC ON ACTUAL ARRIVAL TIMES, PERFORMANCE TIMES, SET-UP TIMES, AM or PM

DAY	DATE	APPLICANT SET-UP TIME	ACTUAL EVENT HOURS	APPLICANT TEAR DOWN HOURS
Monday	_____	_____ AM/PM to _____ AM/PM	_____ AM/PM to _____ AM/PM	_____ AM/PM to _____ AM/PM
Tuesday	_____	_____ AM/PM to _____ AM/PM	_____ AM/PM to _____ AM/PM	_____ AM/PM to _____ AM/PM
Wednesday	_____	_____ AM/PM to _____ AM/PM	_____ AM/PM to _____ AM/PM	_____ AM/PM to _____ AM/PM
Thursday	_____	_____ AM/PM to _____ AM/PM	_____ AM/PM to _____ AM/PM	_____ AM/PM to _____ AM/PM
Friday	_____	_____ AM/PM to _____ AM/PM	_____ AM/PM to _____ AM/PM	_____ AM/PM to _____ AM/PM
Saturday	_____	_____ AM/PM to _____ AM/PM	_____ AM/PM to _____ AM/PM	_____ AM/PM to _____ AM/PM
Sunday	_____	_____ AM/PM to _____ AM/PM	_____ AM/PM to _____ AM/PM	_____ AM/PM to _____ AM/PM

WILL THERE BE AN ADMISSIONS CHARGE OR ADMINISTRATIVE FEE FOR THIS EVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO    AMOUNT \$ _____    REASON: _____	ADMINISTRATION ONLY <input type="checkbox"/> FUNDRAISER <input type="checkbox"/> CAMP <input type="checkbox"/> LEAGUE <input type="checkbox"/> TOURNAMENT
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#### FACILITIES REQUESTED:

<b>Conference Center</b> <input type="checkbox"/> Monroe A (3-205) <input type="checkbox"/> Monroe B (3-205A) <input type="checkbox"/> Brighton (3-217) <input type="checkbox"/> Empire (3-209) <input type="checkbox"/> Forum (3-130) <input type="checkbox"/> Marketplace <input type="checkbox"/> North Dining <input type="checkbox"/> Campus Center Atrium	<b>Conference Center (Continued)</b> <input type="checkbox"/> Terrace <input type="checkbox"/> Bausch & Lomb Lobby <input type="checkbox"/> Second Floor Lobby <input type="checkbox"/> Meeting Room # _____ <input type="checkbox"/> Gilman Lounge <b>Building 10</b> <input type="checkbox"/> Gym <input type="checkbox"/> Athletic Hall of Fame <input type="checkbox"/> Pool <input type="checkbox"/> Field # _____	<b>Other</b> <input type="checkbox"/> PAC <input type="checkbox"/> Turf <input type="checkbox"/> Conference Room <input type="checkbox"/> Track <input type="checkbox"/> Ropes Course <input type="checkbox"/> Theater <input type="checkbox"/> Lobby <input type="checkbox"/> Black Box <input type="checkbox"/> North Atrium <input type="checkbox"/> South Atrium <input type="checkbox"/> Classroom # _____ <input type="checkbox"/> Other _____
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<b>FOOD SERVICE:</b> Will you require food service? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, contact Sodexo at 292-2578.	SODEXO <input type="checkbox"/> WAIVER <input type="checkbox"/>
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**I ACKNOWLEDGE THAT THERE IS A 25% NONREFUNDABLE FACILITY CHARGE. ALL CHARGES INCURRED FOR THE RENTAL OF FACILITIES AND/OR PARKING APPLICATION WILL BE PAID UPON RECEIPT OF AN INVOICE FROM THE COLLEGE NO LATER THAN SEVEN (7) BUSINESS DAYS PRIOR TO THE EVENT. IF I DECIDE TO CANCEL MY EVENT I WILL NOTIFY THE OFFICE OF CAMPUS EVENTS IN WRITING NO LATER THAN FIVE (5) BUSINESS DAYS PRIOR TO THE EVENT. MY FAILURE TO PROVIDE NOTIFICATION IN THE TIME FRAME INDICATED ABOVE WILL RESULT IN THE AN ASSESSMENT OF ACTUAL COSTS INCURRED BY THE COLLEGE TO BE PAID BY THE APPLICANT. I ALSO REALIZE THAT MY FAILURE TO HOLD THE EVENT DOES NOT RELIEVE ME OF MY FINANCIAL RESPONSIBILITY PURSUANT TO THIS AGREEMENT. I ALSO ACKNOWLEDGE THAT I AM RESPONSIBLE FOR ANY COLLECTION COSTS AS A RESULT OF MY FAILURE TO PAY, INCLUDING, WITHOUT LIMITATION, COLLECTION AGENCY FEES, COURT COSTS, AND ATTORNEY FEES**

APPLICANT'S SIGNATURE	DATE
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**AUDIO VISUAL EQUIPMENT: ALL REQUESTS FOR EQUIPMENT MUST BE FINALIZED 72 HOURS PRIOR TO EVENT.**

Equipment Needed	Location	Quantity	Equipment Needed	Location	Quantity
Data Projector	_____	_____	PA System	_____	_____
Screen	_____	_____	Portable	_____	_____
Computer in Room	_____	_____	OTHER	_____	_____
Podium	<input type="radio"/> In Room <input type="radio"/> Other	_____	(i.e., DVD, VCR, laptop, ELMO, mixer)	_____	_____
Microphone	<b>Qty</b>	<b>Location</b>	<b>Wireless</b>		
<input type="radio"/> Podium	_____	_____	_____		
<input type="radio"/> Handheld	_____	_____	_____		
<input type="radio"/> Lapel	_____	_____	_____		
<input type="radio"/> Tabletop	_____	_____	_____		

Do you need Audio Visual Assistance?     Yes     No

Please indicate what time you would like to meet the AV Tech: \_\_\_\_\_

Are you bringing your own AV Tech. or equipment?     Yes     No

**FOR EMERGENCY ASSISTANCE: Call Ext. 2828 or Outside (585) 292-2000 Ext. 2828.** Instructional Technologies can only meet a 10 minute window. They can not guarantee service afterwards.

**PLEASE NOTE:** AV hours during the semester are: Monday - Thursday, 7:30am - 11pm; Friday, 7:30am - 3:30pm; Saturday, 8:30am - 4:30pm  
*Subject to change during breaks and holidays*

**FACILITIES: ALL REQUESTS MUST BE FINALIZED 7 DAYS PRIOR TO THE EVENT**

Building Services	Physical Plant - If OUTSIDE event, complete the "Physical Plant" page.																																																											
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**FOR INTERNAL USE ONLY**

<p><b>Notes</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="radio"/> 5 Foot _____    <input type="radio"/> 6 Foot _____</p> <p><input type="radio"/> Rounds _____    <input type="radio"/> Food _____</p> <p>OT _____</p> <p><b>Mute Sound Zone</b> _____    <b>Cmte:</b> _____</p>
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Date Billed: \_\_\_ / \_\_\_ / \_\_\_       YJ     CB     JRF     Other      Astra \_\_\_\_\_    Warshof \_\_\_\_\_