



CAMPUS EVENTS APPLICATION
BRIGHTON CAMPUS
 MONROE COMMUNITY COLLEGE
 1000 EAST HENRIETTA ROAD • ROCHESTER, NY 14623-5780
 BLDG. 3, ROOM 120 • (585) 292-2010 • FAX: (585) 292-3844
 www.monroecc.edu/go/ce

CE Rep: _____
 Astra: _____
 Warshof: _____
 Date Billed _____

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		PARKING SERVICES: METERS _____ OR ASSIGNED LOTS: _____ E-Permit _____ DROP OFF _____ BUS _____ Up to 30	
TITLE OF EVENT		COLLEGE EVENTS ONLY: (MCC DEPT. MUST FILL OUT) Org. Number _____ Account Number _____	
ESTIMATED NUMBER OF ATTENDEES (REQUIRED) Non-College # _____ College # _____		WILL CONTACT PARKING SERVICES DIRECTLY <input type="checkbox"/> Yes <input type="checkbox"/> No	

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:

Conference Center <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	Conference Center (Continued) <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 Building 10 <input type="checkbox"/> Gym <input type="checkbox"/> Athletic Hall of Fame <input type="checkbox"/> Pool <input type="checkbox"/> Field # _____	Other <input type="checkbox"/> PAC <input type="checkbox"/> Turf <input type="checkbox"/> Conference Room <input type="checkbox"/> Track <input type="checkbox"/> Lobby <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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FOOD SERVICE: Will you require food service? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, contact Sodexo at 292-2578 http://dining.monroecc.edu/index.html	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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PLEASE PRINT CLEARLY, COMPLETE ALL BOXES FOR PROPER PROCESSING.

AUDIO VISUAL EQUIPMENT: ALL REQUESTS FOR EQUIPMENT MUST BE FINALIZED 72 HOURS PRIOR TO EVENT.

Do you need Audio Visual Assistance? Yes No

Please indicate the time you would like to meet the AV Tech: _____ (please make it on the quarter hour, i.e., 9, 9:15, 9:30)

Please indicate what you would like assistance with: _____

Are you bringing your own AV Tech. or equipment? Yes No If YES, what are you bringing? _____

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

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, 7:30 am - 9 pm; Friday, 7:30 am - 5 pm; Saturday, 8:30 am - 12:30 pm
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.		
Furniture Needed	Location	Quantity	Campus Events		
Additional Chairs	_____	/ _____	Indicate time you will pick up / drop off		
Additional Tables (indicate if for food)	_____	/ _____	White Board Markers	_____ am _____ pm	Qty. _____
	<input type="radio"/> No skirt or cloth <input type="radio"/> Cloth only <input type="radio"/> Cloth & skirt			<small>Pick Up</small>	
Coat Rack	_____	/ _____	Easel	_____ am _____ pm	_____
Stage	_____	/ _____		<small>Drop Off</small>	
	<input type="radio"/> High (2 feet) <input type="radio"/> Low (1 foot)			<small>Pick Up</small>	
White Board for Conference Center use only	_____			_____ am _____ pm	
Monroe A and B: <input type="radio"/> Wall <input type="radio"/> No Wall			FOR CLUBS & ORGANIZATIONS		
			Club Officer	_____	Date _____
			Club Advisor	_____	Date _____
			SLLD Contact	_____	Date _____

For more information to help you complete this application go to www.monroecc.edu/depts/campusevents/clubs/forms.htm

FOR INTERNAL USE ONLY

Notes _____ _____ _____ _____ _____	OT: _____
	Sodexo SU _____ : _____ TD _____ : _____
	Insurance: _____ NSR: _____
	Mute Sound Zone _____ Cmte: _____
	P - Waived: _____

Room Set Up: _____ Set Up Time: _____ : _____ TD Time: _____ : _____