



Campus Events Application

External

Jefferson Community College
 1220 Coffeen Street
 Watertown, NY 13601
 Samuel Guthrie Bldg., Room 2-012
 (315) 786-2405

<i>Facilities Use Only</i> Banner ID #: <hr style="width: 80%; margin: 5px auto;"/>

Please read the attached guidelines before signing. Fill in all information and return the completed form to the Facilities Secretary at least 45 days prior to the scheduled event. All events are subject to cancellation by JCC Administration. Please print clearly and complete all boxes for proper processing.

Today's Date:		Name of Organization :		Contact Person:	
Contact Phone: () -		Fax: () -		Contact Day of Event: Phone: () -	
Organization Address:			Contact person email:		
BILLING INFORMATION					
If billing address is same as organization address, please check box: <input type="checkbox"/>					
Party Responsible for Bill:				Responsible Party Email:	
Responsible Party Address:			Responsible Party City, State, Zip Code:		
Responsible Party Phone : () -		Responsible Party Fax: () -		Estimated Number of Attendees:	
Purpose of Event:			Event Name:		
CO-SPONSORING ORGANIZATION					
Co-Sponsoring Organization:		Co-Sponsoring Organization Contact:		Co-Sponsoring Organization Email:	
Co-Sponsoring Organization Contact Phone: () -			Co-Sponsoring Organization Fax: () -		

Schedule of Events

Please be specific on actual arrival times, performance times, and set-up times, AM or PM

Date	Day	Applicant Set-Up Time	Actual Event Hours	Applicant Tear-Down Hours
		___ to ___	___ to ___	___ to ___
		___ to ___	___ to ___	___ to ___
		___ to ___	___ to ___	___ to ___
		___ to ___	___ to ___	___ to ___
		___ to ___	___ to ___	___ to ___
		___ to ___	___ to ___	___ to ___
		___ to ___	___ to ___	___ to ___

Will there be an admission charge for this event? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much?
Are you a Not for Profit Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the contract be signed by the requestor? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, who will sign the contract?

Facilities Requested

<input type="checkbox"/> Amphitheater Specify: <input type="checkbox"/> 6-002 (cap. 129) <input type="checkbox"/> 2-107 (cap. 150)	<input type="checkbox"/> Computer Lab (# 25)	<input type="checkbox"/> McVean Center Gymnasium <input type="checkbox"/> Gymnasium Foyer <input type="checkbox"/> Hall of Fame Lobby	<input type="checkbox"/> Parking Lot(s) Specify: _____	<input type="checkbox"/> Walker Instructional Dining Room
<input type="checkbox"/> Grounds	<input type="checkbox"/> The Courtyard	<input type="checkbox"/> Commons	<input type="checkbox"/> Student Lounge	
<input type="checkbox"/> Classrooms How many: _____	<input type="checkbox"/> Distance Learning Rooms Specify: <input type="checkbox"/> 6-218 (cap. 40) <input type="checkbox"/> 5-010 (cap. 14)	<input type="checkbox"/> Athletic Field Specify: _____	<input type="checkbox"/> Sturtz Theater (cap. 500) <input type="checkbox"/> Sturtz Theater Lobby	
Notes:				

Food Service

Will you require food service? <input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, contact information will be given prior to the event.
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Requested Technology Equipment Requirements

All requests for equipment must be finalized 72 hours prior to event.

If you have any questions about equipment and capabilities, please contact Instructional Technology at 315-786-2472.

If the Contact Person for your Technology needs is someone other than the requestor please list name and contact information below:		
Name:	Number:	Email:
<input type="checkbox"/> Computer w/ Internet Access <input type="checkbox"/> Screen <input type="checkbox"/> Projector	<input type="checkbox"/> Podium <input type="checkbox"/> Microphone <input type="checkbox"/> DVD/VCR	Other: _____ <p align="center">IF YOU ARE REQUESTING EQUIPMENT, SOMEONE FROM IT WILL BE FOLLOWING UP WITH THE CONTACT NAME LISTED ON THIS APPLICATION.</p>
Notes:		

Facilities

All requests must be finalized 7 days prior to event

Building Services	Physical Plant-Please indicate one and write quantity																								
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><u>Furniture needed</u></td> <td style="width:10%;"><u>Qty.</u></td> <td style="width:70%;"></td> </tr> <tr> <td>Additional chairs</td> <td>_____</td> <td>Other: _____</td> </tr> <tr> <td>Additional tables</td> <td>_____</td> <td></td> </tr> <tr> <td>Trash cans</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Coat rack</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Gym floor covering</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> </table> <p><i>Additional fees may apply for rentals</i></p>	<u>Furniture needed</u>	<u>Qty.</u>		Additional chairs	_____	Other: _____	Additional tables	_____		Trash cans	_____	_____	Coat rack	_____	_____	Gym floor covering	<input type="checkbox"/> Yes <input type="checkbox"/> No		Electrical : List needs: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Grounds</td> <td style="width:30%;"> <input type="checkbox"/> Picnic tables </td> <td style="width:10%; text-align: right;">Qty.</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trash cans</td> <td style="text-align: right;">_____</td> </tr> </table>	Grounds	<input type="checkbox"/> Picnic tables	Qty.		<input type="checkbox"/> Trash cans	_____
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For Use by Facilities Office

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Technology Dept.: _____	_____								
Facilities: _____	_____								
Contract Received:: _____ Insurance Received: _____ Invoice Mailed: _____	<table border="0"> <tr> <td>Rental Fee: _____</td> </tr> <tr> <td>Technology Fee: _____</td> </tr> <tr> <td>Maintenance Fee: _____</td> </tr> <tr> <td>Security Fee: _____</td> </tr> </table>	Rental Fee: _____	Technology Fee: _____	Maintenance Fee: _____	Security Fee: _____				
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Security Fee: _____									

I acknowledge that there is a 25% nonrefundable deposit. All charges incurred for the rental of facilities will be paid upon receipt of an invoice from the College no later than seven (7) business days prior to the event. If my organization decides to cancel the event, I will notify the Facilities Secretary in writing no later than 72 hours prior to the event. Failure to provide notification in the timeframe indicated above will result in the 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 my organization of their financial responsibility pursuant to this agreement. I also acknowledge that I am responsible for any collection costs as a result of failure to pay, including, without limitation, collection agency fees, court costs, and attorney fees (in NYS). The organization will maintain insurance coverage for general liability, including personal injury and property damage at the limits defined by the college.

A certificate of insurance will be provided 10 days prior to the event in accordance with the College's insurance requirement guidelines.

Applicant's Signature: _____	Date:
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For internal use only

Date and Time of Walk Through: _____ AM/PM
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