



Internal Facility Usage Request Form

(Request by Faculty/Staff for any College Event/Activity)

Employee: _____ Department: _____
Job Title: _____ Employee ID #: _____

- Name of Event: _____
- Purpose of Event: _____
- Date(s): _____
- Time(s): _____
- Campus: _____
- Facility(s): _____
- Room #(s): _____
- Est. Participants: _____ # of Students _____ # of Guests _____ # of Administrators/Faculty/Staff

SERVICES REQUESTED

1. _____ Wi-Fi _____ A/V _____ Screen/Projector _____ Podium Other: _____
2. **EQUIPMENT:** Tables & Chairs Set-Up, Tent, etc. (specify number of chairs and tables needed and for which locations if more than one area will be utilized): _____
3. **FOOD SERVICES** are subject to prior administrator approval and are the responsibility of the requesting department. Approval is based on the requesting department's available funds and purpose.
 - a. Funds Available: \$_____ Account #: _____ Administrator Approval: _____
 - b. Purpose (ex. working lunch, refreshments for special guests, etc.): _____
4. **CUSTODIAL:** _____ # of Custodians needed to work the event Begin Time _____ End Time _____
5. **OTHER:** (Please Specify) _____

Employee Signature: _____ Date: _____

Administrator/Supervisor Signature: _____ Date: _____

******Once approved by your supervisor/administrator, send this form to the appropriate individual listed below that corresponds with the campus of the event******

AT: David Lanier
BF: Mark Sloan
BM: Teresa Sutherland

BR: Sharon Morris/Richard Lynn
FH: Mandy Bezeredi
GS: Ed Douglas

GT: Sheila Skelton
MV: Kay Lett
TV: Kiki Moore

To have your event added to the College's online calendar or to request media coverage, go to www.CoastalAlabama.edu/pr to complete your request.

Approved by: _____ Date: _____

Campus Director or Designee