Fill out the form, print a copy for your records, and click on the submit button below to send it to DCS.

WAYCROSS COLLEGE
Development and Community Services
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FACILITIES SCHEDULING REQUEST FORM

THIS FORM MUST BE COMPLETED AT LEAST FIVE BUSINESS DAYS BEFORE THE ACTIVITY.

I. **Activity***: _____

Sponsor/Contact Person*: _____ **Telephone No.*:** _____

Email address: _____

Address (street/city/state/zip): _____

Person to be present & in charge of the event: _____ **Telephone No.**: _____

Beginning Date (mm/dd/yyyy)*: _____ **Ending Date (mm/dd/yyyy):** _____

Day(s) of the week: _____

Date(s) the activity will not take place during the span of time: _____

Set-up time: _____ **Event start time*:** _____ **Event end time*:** _____

Room/area/space required*: _____ **Approx. number of Participants***: _____

II. **Sponsor/contact person must indicate audiovisual equipment needs and facility set-up on this form.**

Resources required: # of Tables: _____ # of Chairs: _____ # of Podiums: _____

Audiovisual Equipment requested:
☐ LCD Projector ☐ TV/VCR ☐ Sound System
☐ Projection Screen ☐ CD/DVD Player

Include in the set-up requirements below any additional / specific audiovisual needs, such as wireless handheld microphones, wireless lapel microphones, wired handheld microphones, etc.
I have read the above statement and will note any additional / specific requirements below. ☐

Please indicate set-up requirements for each room : _____

CANCELLATIONS OR RESCHEDULING MUST BE ADDRESSED TO THE OFFICE OF DEVELOPMENT AND COMMUNITY SERVICES AT ONCE.

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