

## LSCC CAMPUS ACTIVITY REQUEST FORM

This form is to be completed at least **10 working days** prior to the activity date. Your request is not on the calendar until you receive confirmation from your assigned Campus Activity Manager.

### Client/Billing Information

Company: LSCC Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
City/State/ZIP  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Event Information

Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_  
 Event Time: \_\_\_\_\_

### Room Set-Up

Campus:  Birmingham Campus Building: \_\_\_\_\_  
 Bessemer Campus  
 Number of Guests: \_\_\_\_\_ Room #: \_\_\_\_\_  
 Seating Style:  Theatre  U-Shaped  
 Classroom  Other  
 Banquet Banquet Table Type  Rectangular  Round  
 Special Instructions: \_\_\_\_\_

Stage

*Room Set-up Drawing*

### A/V Needs

Overhead Projector  VCR  Microphone  Easel  Screen  DVD Player  
 Slide Projector  TV  Cassette Player  Flip Chart  Camcorder  
 LCD Projector  Computer  Dry Erase Board  Other \_\_\_\_\_

### Campus Security

Name of Guests (i.e. Speakers, VIP Guests): \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_  
 Unlock/Lock Doors:  Yes  No

### Catering Needs

**Break Schedule:**  a.m. Time: \_\_\_\_\_  p.m. Time: \_\_\_\_\_  
**Lunch:**  Yes  No Caterer  
 In-house  
 Outside Time: \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_

**NOTE: Setup for catering needs must be made through the Maintenance Department.**

### Billing Summary

Room Fee: \_\_\_\_\_  Lunch Fee: \_\_\_\_\_  
 Audio/Visual Fee: \_\_\_\_\_  Refreshments Fee: \_\_\_\_\_  
 Accessories/Supplies Fee: \_\_\_\_\_  Facility Maintenance Fee Fee: \_\_\_\_\_  
 Room Fee Waived Approval (Initial): \_\_\_\_\_ **Total Cost:** \_\_\_\_\_

# LSCC CAMPUS ACTIVITY

## EVENT FORM

### Client/Billing Information

Company: _____	Contact: _____
Address: _____	Today's Date: _____
_____	_____
City/State/ZIP	
Phone: _____	Fax: _____

### INDEMNITY CLAUSE

The above company/individual indemnifies and holds harmless Lawson State Community College against all claims, losses, or liabilities arising from the use of the college's facilities as a result of, but not limited to the actions of the designated function or activity, but also from general use of the college facilities.

All changes in set-up must be requested 24 hours before the event. Rooms and facilities are to be left in the condition in which found before occupancy except for normal use.

My signature below is verification that these facilities were used on the indicated date. I understand my company has incurred these expenses and will be billed for these charges.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Event Information

Event: _____	Event Time: _____
Date: _____	Number of Guests: _____
Campus: <input type="checkbox"/> Birmingham Campus	Building: _____
<input type="checkbox"/> Bessemer Campus	Room #: _____

### Billing Summary

<input type="checkbox"/> Room	Fee: _____	<input type="checkbox"/> Catering	Fee: _____
<input type="checkbox"/> Audio/Visual	Fee: _____	<input type="checkbox"/> Refreshments	Fee: _____
<input type="checkbox"/> Accessories/Supplies	Fee: _____	<input type="checkbox"/> Facility Maintenance Fee	Fee: _____
<input type="checkbox"/> Room Fee Waived	Approval (Initial): _____	<b>Total Cost:</b>	_____

Payment Received:  Cash  Check  Credit Card  P.O. \_\_\_\_\_  Bill Company

**Instructions for scheduling campus activities:**

Step 1: Check calendar to see if dates are available.

Step 2: Complete Request Form and forward to appropriate Campus Activity Manager.

**Campus Activity Managers**

ACATT Building: Vernona Williams

Birmingham Campus: Lashandra Lewis

Bessemer Campus: Regina Doriety

Step 3: Campus Activity Manager will immediately place event on calendar.

Step 4: Send indemnity form to requestor for signature.

Step 5: Receive signed indemnity form from requestor to serve as confirmation and billing authorization.

Step 6: Complete set-up information on calendar.

Step 7: Complete AV information on calendar.

Step 8: Complete catering information (contact appropriate persons).