Request Due Ten (10) Working Days Prior to use Date

BAKERSFIELD COLLEGE

Request For Use of Facilities By On-Campus Groups

File #	
Invoice #_	
	For office use only

	Ву			
Name of Organization				
	oom/Facility Requested			
	nt(A	ttach additional page		
Description of Activities				
Special Equi	pment/Arrangements			
	Is activity open to the public?		Approximate # to be pro	esent
	Will participants be charged a	i fee?		
□Yes □No	Is an admission charge, donat If yes, please state that amoun	ion, collection, it to be collecte	, dues or tuition fee requed from each person	uired?
□Yes □No	Will anything be offered for s			
	Will anything be offered for s	ale?		
How will prod Staff member	Will anything be offered for s ceeds be used? requesting facility Signature	ale?	Title	Date
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