

PLEASE PRINT CLEARLY

ATTACHMENT A

S M T W Th F S

INITIATE AT LEAST 30 DAYS



EVENT DATE _____

TODAY'S DATE: _____

10 DAY WRITTEN NOTICE
NEEDED FOR CANCELLATION

FACILITY USE FORM
Facility Scheduling-Physical Plant
Joliet Junior College
1215 Houbolt Road
Joliet, IL 60431-8938
(815) 280-2663 or (815) 280-2553
Fax: (815) 280-6673

Internal

External

Tax Exempt # _____

All external applications require submittal of a \$10 processing fee at the time of application. This fee is non-refundable.

Space Desired _____ Event Hours _____

Name of Organization _____ Reserved Hours _____

Type of Program _____ No. of Participants _____

Organization Address _____

City _____ State _____ Zip _____ Phone/Ext. # _____ JJC Campus/Room _____

Applicants Name (Print) _____ Signature _____

Building & Grounds Set Up (ext. 2663)

Diagram (diagram mandatory for any set-up)

For events using the Formal Dining Rooms or Café, mark the diagram that applies.

DR#1 _____ DR#2 _____ DR#3 _____
Café#1 _____ Café#2 _____ Café#3 _____

Food Service - To coordinate requirements, contact department (815) 280-2541

Theatre Set Up - To coordinate requirements, contact department (815) 280-2200

Media Services - To coordinate requirements, contact department (815) 280-2281

Copies

Fees:

For office use only

Food Service X \$ _____
Custodial X \$ _____
Campus Police X \$ _____
Media X \$ _____
Maintenance X \$ _____
President's Office \$ _____
Theatre \$ _____
Facility Scheduling X \$ _____

Director Student Services and Activities (Club events only)

Food Service Manager (Food Service events only)

Facility Scheduling Coordinator