



Facility Rental Application
for the Weitendorf Agricultural Education

17840 Laraway Road - Joliet, IL 60433
Phone: (815) 280-6900
mcwikla@jjc.edu
www.jjc.edu/weitendorf

After discussing dates and availability with Mary Cwikla, please complete the first page of this document regarding your request for an external event to be held at Joliet Junior College's Weitendorf Agricultural Education Center. After the Facility Rental Application has been approved, submit your Certificate of Insurance and W-9 Form to the address above, either via hard copy or electronically. External groups must adhere to the College policies/procedures regarding Use of Facilities (9.1.1). Seven business days written notice is appreciated for cancellation.

Event date(s) and day(s): _____

Event hours: _____ Reserved hours: _____

Location: Main Campus "T" Conference Center "U" Conference Center City Center Campus
 Renaissance Center Weitendorf Ag Ed Center Romeoville Campus

Type of space(s) desired: _____ Tax exempt ID: _____

Name of organization: _____

Description of event: _____ Number of participants: _____

Organization address: _____ Your phone: _____

City: _____ State: _____ Zip: _____

E-mail: _____

On-site/main contact for the event: _____ Their cell phone: _____

Set-up: Identify the type of set-up you'd like in the room.

- Classroom Theater/Audience U-shape Include Registration Table(s) Other (below)

IT/Media Services:

Food Service/Catering: Please contact Cathy Solley at 815-280-2541 or cwhalen@jjc.edu to discuss catering options for your event.

By checking this box, you are confirming you have verified the information being submitted above and have reviewed, and will ensure the group adheres to, JJC policies/procedures regarding Use of Facilities (9.1.1). Information are subject to change without notice. **I Agree**

Applicant's signature: _____ Date: _____

JJC Space Rental Application – Page 2 – **To be Completed by Facilities Scheduler**

Date received: _____ Facilities scheduler: Mary Cwikla

Space request compliant with Board Policy and Procedure 9.1.1? Yes No

Notes: _____

	Yes	No	
Complete application received?:	_____	_____	
Certificate of Insurance received?:	_____	_____	Held by: _____
W-9 Form received?:	_____	_____	Held by: _____
Applicant requesting waiver of fees?:	_____	_____	Approved by/date: _____
Confirmation sent?:	_____	_____	Sent by/date/via: _____

Charges/fees:

Rental Fee \$ _____
Campus Police \$ _____
Facility Services \$ _____
IT/Media Services \$ _____
Other: _____ \$ _____

Total for Invoice \$ _____

Food Service \$ _____

Invoice number: _____
Date invoice sent: _____

Facilities Scheduler Notes:

Approvals:

Facilities Scheduler (indicating completed application) Date

Vice President Administrative Services Date
(only required for fee waiver, insurance waiver, fundraisers, and controversial issues)