Faculty & Staff Application for Use of College Facilities

6201 Winnetka Avenue Woodland Hills, CA 91371

Office of Special Events

| Woodland Hills, CA 91371 | | <i>' </i> | |
|---|--|---|-----|
| Tel: 818-719-6446 | Event Date | | |
| Fax: 818-610-6508 | 270m Bata | | |
| | | | |
| Today's Date: | **NOTE: For multiple dates, please | 100000000000000000000000000000000000000 | |
| | attach a separate list to this application | | |
| Name of Event: | | A June Time | |
| Traine of Event. | | ro etyp: | hrs |
| | Breakdown: | hrs | |
| Describe the benefit to the college for holding | Day of Meek. | | |
| | | | |
| Outside Hosting/Sponsoring Organization: | # articipants: | | |
| Outside Hosting/Sponsoring Organization. | #10 articipants. | _ | |
| | | Spectators: | _ |
| Requestor & Department: | | | |
| | | Vehicles: | _ |
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Layout Guide for the Student Community Center

| Layout | suide for the Student Com | imunity Center | |
|--------------------------------------|-------------------------------|--------------------------------------|--|
| | | | Requestor is responsible for the arrangement rith. |
| | | | |
| | | | |
| | | | up and return of |
| | | | audio/visual and computer |
| | | | equipment from the |
| | | | Information Table 1 |
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| - | | | Department, 719-6496. |
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| | | | Requestor is also |
| | | | responsible for the |
| | | | arrangement, pick-up, |
| | | | return and payment for |
| | | | any additional rental |
| | | | tables, chairs, and |
| | | | required equipment necessary to support their |
| | | | activity/event. |
| Sample Theatre Style or Presentation | Sample Dining Room with Dais | Please out line your setup using the | aoanny, orona |
| Format Setup | jarjinste Carrinmant blandads | samples provided. | There are a maximum of 2 |
| | j n -y | | <u></u> |
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| NOTE: * = required information; | ; must enter information | | |
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| · | | | |
| * Legal Name of Vendor: | | | <u> </u> |
| * Taxpayer Identification Number | | | |
| Social Security Number OR | | | 1. ₽ |
| Employer Identification Number: | | | <u> </u> |
| Telephorte Namber. | | | |
| Contractor License Info: Clas | ss: License No: | | 4 |
| , 100 | | | |
| * Person/Name: | Person/Name: | | |
| * Telephone Number: | Telephone Number: | | |
| * [] \ | EAV | | |