REQUEST FOR USE OF COLLEGE FACILITIES

Virginia Highlands Community College • 100 VHCC Drive • Abingdon, VA 24210

Phone 276-739-2449 • www.vhcc.edu • roomrequest@vhcc.edu

Group/Organization:	
Contact/Representative:	
Address:	
Phone:	
Email:	

Event/Activity Name:	
Event Day (Dates):	

Set-up Time	Start Time	End Time

Number Attending:		**Approx. Number of Vehicles:**	
Number of Rooms:			
Type of Room:	☐ Auditorium ☐ Classroom ☐ Class Laboratory ☐ Conference Room ☐ Other _____		
Notes:			

Equipment Requested:	☐ Audio for Laptop ☐ Audio Recorded ☐ Handheld/wireless Microphone ☐ Internet Access	☐ Lapel Microphone ☐ Laptop ☐ Microphone Stand(s) ☐ Podium ☐ Podium w/microphone	☐ Projector ☐ Screen ☐ Teleconference Capabilities ☐ Video Recorded
Other Requests:			

As a representative for the group/organization listed above I hereby make application to Virginia Highlands Community College for use of College facilities and will observe all regulations of VHCC, will exercise the utmost care in the use of the College's premises and property, and will make restitution for any damage arising from the use of said premises and property. As the representative I understand the group/organization is responsible for paying for the services of any additional staff required.

Contact/Representative Signature: _____

Type your name here for electronic signature

Office Use:

Rooms Assigned:		
Parking Lots Assigned:		☐ As Available ☐ Reserved
College Personnel Assigned:		
Cost to Group/Organization for Services:		

☐ Approved ☐ Not Approved

_____

Vice President, Instruction & Student Services Date

C: Buildings & Grounds, Campus Police, IT