

County College of Morris
 Office of Academic Affairs
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 Randolph, N.J. 07869
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 Phone: 973-328-5070
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APPLICATION FOR USE OF COLLEGE FACILITIES



1. Sponsoring Organization Name and Address of Person Responsible Business Tel: _____ Fax: _____ Home : _____	2. Day of Event Set-up and/or rehearsal Time from _____ to _____	Date of Event Actual Time of Event from _____ to _____			
3. Is the Sponsoring Organization a non-profit organization? Yes No If you checked "NO", describe the nature of the Sponsoring Organization's business:					
4. Billing Address:	5. Facility, Room, Area requested: (Attach set up diagram if appropriate.) Est. Attendance: Maximum Minimum				
6. Type of Event: (Describe Completely). <p style="text-align: center;">Check if alcoholic beverages will be served.</p> Please list a telephone number of your organization to which inquiries may be referred:					
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"> 7. EQUIPMENT/SERVICES REQUESTED: Closed Circuit TV Playback or Feed Portable Movie Screen Portable Sound System Rubber mats (Gym/SCC) Stage Risers and Platform Other: </td> <td style="width: 33%; border: none; vertical-align: top;"> Setup/submit diagram Tables: # Chairs: # For Food Service--Call 973-328-5158 </td> <td style="width: 33%; border: none;"> SPECIAL STAFFING REQUESTED: Public Safety # Custodial or Plant & Maint. # Technician (TV Studio/Control Rm.) AV Technician Other _____ </td> </tr> </table>			7. EQUIPMENT/SERVICES REQUESTED: Closed Circuit TV Playback or Feed Portable Movie Screen Portable Sound System Rubber mats (Gym/SCC) Stage Risers and Platform Other:	Setup/submit diagram Tables: # Chairs: # For Food Service--Call 973-328-5158	SPECIAL STAFFING REQUESTED: Public Safety # Custodial or Plant & Maint. # Technician (TV Studio/Control Rm.) AV Technician Other _____
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8. Signature of Person Responsible _____	Date of Application _____
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O F F I C E U S E	Insurance Required Insurance Received (Date) Insurance Approved (Date) Contract Sent (Date) Signed Contract Returned Liquor License Required	Comments:
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