

Southside Virginia Community College

FACILITIES RESERVATION FORM

Location of Facility Requested: _____

Organization _____

Today's Date _____

Date(s) Needed _____

Purpose of Event _____

Time Needed Set-Up/Clean-Up _____ to _____

Actual Hours of Event _____ to _____

Estimated Number of Participants _____

Name / Type Meeting _____

Facilities Requested

____ WDC _____

____ WDC _____

____ WDC _____

____ Baseball/Softball Field

____ Classroom

____ Other List Other _____

Set-Up Preference

____ Theatre Style (row seating)

____ Classroom Style (tables and chairs)

____ Other _____

Stage curtains: ____ Open ____ Closed

Stage Set-up _____

Ancillary/Special Needs:

____ Head Table

____ Registration Table

____ Lectern

____ Display Table

____ P.A. System

____ Refreshment Table

____ Marking board

____ Parking Spaces

Other _____

____ Flip Chart

Special Request

____ "U" Shape Conference

Center Table: ____ Conference ____ Buffet

____ Theatre Style ____ Classroom Style

Other _____

*Submit a Floor Plan Drawing if Necessary

Audio-Visual Equipment:

____ Overhead Projector

____ Slide Projector

____ Screen

____ TV/VCR/DVD

____ Computer

____ LCD Projector

____ Other: _____

Organization Address _____

Telephone: Business _____ FAX _____ E-Mail Address _____

Please note: No catering, food, or beverages are provided by SVCC.

Please Sign Form and Return to Confirm these Arrangements. Thank you.

Contact of Responsible Agent: _____ Signature: _____ Date: _____

SVCC Rep.: _____ Signature: _____ Date: _____

The Following for Office Use Only:

_____, Provost Date: _____

Comments: _____
