

# Lycoming College Facility Scheduling Form

(Please type or press firmly)

OSP/LD  
Res#

**TITLE OF EVENT:** \_\_\_\_\_

Space Requested: \_\_\_\_\_

Building \_\_\_\_\_ Room(s) \_\_\_\_\_

Event Date: \_\_\_\_\_ Est. Attendance: \_\_\_\_\_

Day of the week \_\_\_\_\_ Date \_\_\_\_\_

Time of Event: Beginning \_\_\_\_\_ a.m. / p.m. Ending \_\_\_\_\_ a.m. / p.m.  
circle one circle one circle one

Set-up Time: Beginning \_\_\_\_\_ a.m. / p.m. Tear Down Ending \_\_\_\_\_ a.m. / p.m.  
circle one circle one circle one

Requestor: \_\_\_\_\_ Campus Box # \_\_\_\_\_ Ext. \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Do you want this event listed in This Week at Lyco.? Yes or No (Circle One)

Draw a specific diagram of set-up requested	Equip. needed: _____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____

Special Instructions: \_\_\_\_\_

- ▶ Facilities are scheduled on a first come, first served basis.
- ▶ Reserving one area does not give access to any adjoining areas without permission.
- ▶ It is the requestor's responsibility to confirm any B&G, Security, and Food Service requirements.
- ▶ Requestor is also responsible for keeping the facility clean and returning it to its original condition.
- ▶ NO TAPE may be used on any painted surfaces.
- ▶ Requestor will be held responsible for any damages to the facilities.
- ▶ Smoking is permitted only in designated areas.

Requestor's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

### Office Use Only

Facility Coordinator \_\_\_\_\_ Date \_\_\_\_\_ Scheduling Coordinator \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

Reason if disapproved: \_\_\_\_\_