

St. Petersburg College

Facilities Rental/Reservation Request Form SPC Midtown Center

Office Use Only:

☐ College Event* ☐ Co-Sponsored* ☐ Rental**

*Requests to be returned to Provost Office (Site Administrator) 30 days prior to event. **Minimum 2 weeks prior to event.

☐ Publish this event in the College-wide calendar ☐ Open to Public

☐ Publish this event in the Campus-wide calendar ☐ Not Open to Public

For Office Use:

☐ CALENDAR
☐ SECURITY
☐ FACILITIES
☐ TECHNOLOGY

General Information:

ROOM NO.: _____ DATE(S) OF USE _____

HOURS OF USE: (including set-up/tear-down) START TIME: _____ END TIME: _____

HOURS OF EVENT: ☐ SAME TIMES **or** START TIME: _____ END TIME: _____

☐ PROFIT ☐ NON-PROFIT SALES TAX EXEMPT NO.: _____

NAME OF EVENT: _____

CONTACT NAME(S): _____

PHONE: _____ E-MAIL: _____

NUMBER OF PRESENTERS: _____ NUMBER OF PARTICIPANTS: _____

Technology/Materials Requirements: (check all that apply)

☐ PROJECTOR ☐ PODIUM ☐ WIRELESS HAND-HELD MICROPHONE with table stand

☐ COMPUTER (Indicate all functions/applications/programs needed, i.e., PowerPoint) _____

☐ CHAIRS, # _____ ☐ TABLES, # _____ For Community Room MTJC-141 rentals,
indicate set-up style _____

Food/Beverage Requirements: (Alcoholic beverages prohibited on all campuses)

Will food and/or beverages be served? ☐ YES ☐ NO

Please specify: _____

Who is responsible for food/beverage components of events? NAME: _____

PHONE: _____ E-MAIL: _____

Restaurant, food service or caterer? NAME: _____

PHONE: _____ E-MAIL: _____

Other special needs, i.e., ice, extra trash cans, etc.: _____

I understand that it is my responsibility to ensure that all St. Petersburg College policies, rules and regulations are adhered to by my group. This includes my assurance that the college regulations prohibiting the use of or possession of alcoholic beverages and illegal use of other drugs or narcotics on campus will be strictly enforced. The group will assume responsibility for any damages incurred to the St. Petersburg College facility.

GROUP NAME: _____

Print Name: _____

Title: _____

Signature: _____

Date: _____

Provost Office Approval