

## REQUEST FOR USE OF COLLEGE FACILITIES

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

Phone 276-739-2449 • [www.vhcc.edu](http://www.vhcc.edu) • [vpippin@vhcc.edu](mailto:vpippin@vhcc.edu)

<b>Group/Organization:</b>	
<b>Contact/Representative:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Email:</b>	

<b>Event/Activity Name:</b>	
<b>Event Day (Dates):</b>	

Set-up Time	Start Time	End Time

<b>Number Attending:</b>		<b>Approx. Number of Vehicles:</b>	
<b>Number of Rooms:</b>			
<b>Type of Room:</b>	<input type="checkbox"/> Auditorium <input type="checkbox"/> Classroom <input type="checkbox"/> Class Laboratory <input type="checkbox"/> Conference Room <input type="checkbox"/> Other _____		
<b>Notes:</b>			

<b>Equipment Requested:</b>	<input type="checkbox"/> Audio for Laptop <input type="checkbox"/> Audio Recorded <input type="checkbox"/> Handheld/wireless Microphone <input type="checkbox"/> Internet Access	<input type="checkbox"/> Lapel Microphone <input type="checkbox"/> Laptop <input type="checkbox"/> Microphone Stand(s) <input type="checkbox"/> Podium <input type="checkbox"/> Podium w/microphone	<input type="checkbox"/> Projector <input type="checkbox"/> Screen <input type="checkbox"/> Teleconference Capabilities <input type="checkbox"/> Video Recorded
<b>Other Requests:</b>			

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:**

<b>Rooms Assigned:</b>			
<b>Parking Lots Assigned:</b>		<input type="checkbox"/> As Available	<input type="checkbox"/> Reserved
<b>College Personnel Assigned:</b>			
<b>Cost to Group/Organization for Services:</b>			

Approved     Not Approved    \_\_\_\_\_  
 Vice President, Institutional Advancement    Date

C: Buildings & Grounds, Campus Police, IT

Please save the completed form to your computer and email the form as an attachment to [vpippin@vhcc.edu](mailto:vpippin@vhcc.edu).