



Games Room Etc. Facility Request

All reservations must be **confirmed** at least 10 business days prior to event date. In order to confirm an event all details and Purchase Orders **must be** provided and approved. Without proper insurance or required paperwork the event is not confirmed and can be cancelled at the discretion of the BSC.
 Completed forms can be emailed to smihiar@cpp.edu

Please check which mostly describes your organization:

- CPP Chartered Club
- On Campus Dept. / Affiliate
- Off Campus Organization
- ASI Department

Contact Information

****Required for Student Clubs and Organizations**

Applicant Organization	
Executive Board Position**	
Address	
City ST ZIP Code	
Contact Phone	
E-Mail Address	
Advisor**	
Advisor Ext./Email**	

Program | Event Information:

During which date(s), time(s), and location(s) would you like to have the event?

Name of event:

Event date(s):

Preferred GRE Space: Full Room Reservation Partial Room Reservation TV Lounge

Start time:	Access time:	End time:	Tear down time:
Expected Attendance:	CPP Students:	Non-CPP Students:	Attendees Under 18: Y / N

Detailed description of the Program | Event:

How will this event be marketed?

The Proposed Event is: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Serving Food; who will provide? _____
<i>**If off campus, a food permit must be acquired through Environmental Health and Safety.</i> | <input type="checkbox"/> Serving Alcohol?
<i>**Student organizations are prohibited from having alcohol present at any event</i> |
| <input type="checkbox"/> Hosting a Guest Speaker?
<i>Who? _____</i> | <input type="checkbox"/> A Movie Screening
<i>**All movies must have a copyright license</i> |
| <input type="checkbox"/> Using Multimedia Presentation (PowerPoint, Video, etc.) | <input type="checkbox"/> Vendors or Resource Fair |
| <input type="checkbox"/> Having a Performance | <input type="checkbox"/> Requiring Parking Permit(s) |
| <input type="checkbox"/> Dance or Concert | <input type="checkbox"/> Selling Merchandise |
| <input type="checkbox"/> Arcade Free Play | |

Requestor's Signature

This is an application only and is not an event confirmation. The date(s) you requested cannot be held until this application is signed and returned.

Name (printed)	
Signature	
Date	

Thank you for your interest in the Games Room Etc! If you have any questions, contact ASI Games Room Etc. at (909) 869- 4465

Games Room Etc. | STAFF USE ONLY

Approved By:	Date:	Charge:
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