



Division of Continuing Education/Economic Development
REQUEST TO SCHEDULE ACTIVITY, FACILITY, SERVICE

I. IDENTIFICATIONS:

- A. Person making request/Name: _____ Date: _____
- B. Mailing Address: _____
City/State/Zip: _____ Phone # _____ ext. _____
- C. Billing Address: _____
City/State/Zip: _____ Fax # _____
- D. Organization (sponsor): _____

II. REQUESTING:

- A. Title of Event/Service: _____
- B. Date(s): _____
- C. Times: Set-up: _____ Start: _____ End: _____ Clear Out: _____
- D. Estimated Attendance: _____ E. Participant Fee: _____
- F. Space or Rooms Needed: _____
- G. Furniture (set-up) Needed: _____
- H. Audio-Visual Needed: _____
- I. Food and/or Concession Services Needed: _____
- J. Other Needs: _____

III. COLLEGE USE:

- A. College charges:
 - 1. Bldg./Equip. Use: \$ _____
 - 2. Food Services: \$ _____
- B. Special Instructions: _____

D. Distribution of this completed form copy to:

- Requester
- Building Monitor
- College Relations
- Evening Operations
- Plant Operations
- Food Services
- Media
- VPBFS
- Other _____

C. Approved by:

Facilities Coordinator _____ Date: _____

INSTRUCTIONS: If additional information is needed concerning this notice contact the Facilities Coordinator, Darton College, 2400 Gillionville Road, Albany, GA 31707. (Office is located in Allied Health/Community Services Building, J102, Phone (229) 430-6000, FAX (229) 430-6698, email: phillipv@darton.edu.)