

PLEASE PRINT LEGIBLY

Date: _____

COLLEGE OF ALAMEDA
555 Ralph Appezato Memorial Parkway
Alameda, CA, 94501
510-748-2235

**Application for Events and/or Use of Facilities
FOR INTERNAL COA USE ONLY**

Applications should be submitted to the COA Business Office at least two weeks before the scheduled event. ASCOA applications must be accompanied by the ASCOA Event Proposal Form showing approval by the ASCOA. Applications will be processed on a first-come-first-serve basis (exceptions are on a case by case basis).

Person or group using the facility: _____ Telephone _____

Facility Requested- Building/Room/Campus Area: _____

Month _____ Date _____ Time to Open _____ Time to Close _____ Prep/Setup: Yes _____ No _____

Month _____ Date _____ Time to Open _____ Time to Close _____ Hours needed prior to the event _____

State nature of use, title of performance, names of speakers, as appropriate. Describe fully: _____

Number of Attendees (approximately): _____

Are contributions, collections, dues, registration fees or other donations to be received? Yes: ____ No: ____ If yes, describe:

If a specific set-up is required, please attach a detailed diagram to the application. If you would like only a table and chair(s) describe:

Equipment Needs (AV, Tech, Screen, etc): _____

All events scheduled during campus closure will require personnel fees, with a two hour minimum at \$60 per/hour.

The undersigned states that to the best of his knowledge, the school property for the use of which this application is hereby made, will not be used for the commission of any act which is prohibited by law, or for the commission of any crime. No alcoholic beverages will be sold or consumed during the use of this facility (unless specific request is approved). I declare under penalty of perjury that the foregoing is true and correct.

SPECIAL NOTE: All cancellations must be received at least two business days prior to the event.

The applicant agrees to abide by the Board Policy 6700 and all procedures stated by COA (see attached). Forms will be returned if required signatures are not approved.

Signature of Applicant: _____ Telephone _____ Date: _____

Signature of Manager Responsible for Requestor: _____ Date: _____

Student Advisor: _____ Date: _____

IT/AV: _____ Date: _____

Business Office Use Only _____ Facility and Service Estimated Costs:

Facility Use _____

Police Services _____

Grounds worker _____

Maintenance _____

Custodian _____

Technician _____

Equipment Use _____

Peralta Employee on site: _____

Business Services Manager: _____

Approval Signature: _____