

## APPLICATION FOR FACILITY RENTAL AT MESA COMMUNITY COLLEGE

| Date  | Name of Organization |             |                    |  |
|---|----------------------|-------------|--------------------|--|
|   |                      |             |                    |  |
| Street Address  |                      |             |                    |  |
| City  | State                |             | Zip Code           |  |
| City  | State                |             | Zip Code           |  |
| Contact   |                      | Title       | Title              |  |
| 00110000  |                      |             |                    |  |
| Phone   | Fax                  |             | Email              |  |
|   | •                    |             | •                  |  |
| <b>Preferred Date of Event</b>  |                      | Second Date | Second Date Choice |  |
|   | _                    |             |                    |  |
| Time of Event   |                      | Second Time | Second Time Choice |  |
| Tatimatal Attack  |                      |             |                    |  |
| Estimated Attendance  |                      |             |                    |  |
| Content/Theme of Event (please be specific)   |                      |             |                    |  |
| Content/Theme of Event (please be specific)   |                      |             |                    |  |
|   |                      |             |                    |  |
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|   |                      |             |                    |  |
| The completion of this application does not guarantee a facility reservation.           |                      |             |                    |  |
| Reservations are based on type of event and availability of facilities. MCCCD           |                      |             |                    |  |
| classes, programs, and activities for students have priority over all other activities, |                      |             |                    |  |
| and other MCCCD activities have priority over non MCCCD activities.                     |                      |             |                    |  |
|   |                      |             |                    |  |
|   |                      |             |                    |  |
|   |                      |             |                    |  |
| Name/Signature of Applicant   |                      |             |                    |  |