

Community College of Baltimore County Event Reservation Request

Request Number _____

TO BE COMPLETED BY EXTERNAL GROUPS (Community Organizations and Groups)

DATE: _____ (Requests must be made at least 25 business days prior to the event.)

COMMUNITY ORGANIZATION/GROUP: _____

CONTACT: _____ PHONE: _____ EMAIL: _____

ALTERNATE CONTACT INFORMATION

Someone that can answer questions regarding the event may need to be contacted during setup. If that is someone other than the above, please provide his/her name and phone number. Be sure to provide a phone number at which he/she can be reached prior to the event. Name: _____ Phone #(s): _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

.....
Is the applicant a non – profit organization: _____ Yes _____ No

If yes, please provide proof of non – profit status by submitting with this Reservation Request Form one of the following (check one):

___ A Certificate of Good Standing properly issued by the Maryland Department of Assessments and Taxation, dated no earlier than 12 months before the date requested; or

___ IRS Form 1099 filed in the prior fiscal year

___ Federal, State or Local Government agency

GENERAL INFORMATION/SPACE REQUEST

EVENT TITLE: _____

DESCRIPTION OF EVENT: _____

EVENT DATE(S): _____

EVENT START TIME: _____ END TIME: _____

LOCATION ACCESS TIMES - From: _____ To: _____ (total time you will need the space including the time you need to set up and break down your event)

ANTICIPATED NUMBER OF ATTENDEES: _____ ESTIMATED PARKING SPACES NEEDED: _____

VIP/RESERVED PARKING

If state, local or national dignitaries will be in attendance, please list them: _____

If VIP parking spaces are necessary, please list the number of spaces and preferred parking lot: _____

FOOD SERVICE REQUESTED

Please contact the CCBC caterer for any food, drink, or table skirting requirements catering@ccbcmd.edu). CCBC caterer has the right of first refusal for any food and drink served at CCBC.

ALCOHOL POLICY EXCEPTION REQUESTED

CCBC does not generally permit the sale or consumption of alcohol and any request for an exception to this policy must be approved by the College President – see CCBC Policy for Sale and/or Consumption of Alcohol at Events, Approved exceptions are limited to light wine and beer and must be requested **at least 60 days in advance of the event.**

GENERAL SPACE REQUEST – *Check all that apply.*

LOCATION:

- CATONSVILLE DUNDALK ESSEX HUNT VALLEY OWINGS MILLS
- RANDALLSTOWN

TYPE OF SPACE NEEDED:

- CLASSROOM COMPUTER CLASSROOM CONFERENCE/MEETING ROOM LOUNGE
- LECTURE HALL (Catonsville/Essex only) RECITAL HALL (Essex only) THEATRE
- LOBBY/Common Area CAFETERIA BARN/PERFORMANCE SPACE (Catonsville only)
- ATHLETIC FACILITY (IE: GYM, FIELD, STADIUM, POOL) PARKING LOT (as an event site)

* List preferred location(s) and number of rooms for any room request:

.....

FACILITIES MANAGEMENT– SETUP INFORMATION (If applicable, please also complete the sections for Athletics, Theatre, and/or Technology.)

ROOM SET UP

- Banquet Style (# of people to seat _____) (Type of tables: ___ round ___rectangular)
- Lecture Style – chairs only (# of people to seat _____)
- Classroom Style – tables and chairs (# of people to seat _____)
- Reception Style – Provide brief explanation _____
- Other – Provide brief explanation _____
- Extra tables needed How many? _____ Extra chairs needed. How many? _____
- Grill needed (for outside event)

Please provide a diagram of room layout.

DIRECTIONAL SIGNS REQUIRED - Please specify _____

ELECTRICAL REQUIREMENTS - Please specify _____

GROUNDSKEEPING SERVICES REQUIRED (e.g. extra trash barrels, picnic tables moved) -

Please specify: _____

ADDITIONAL CUSTODIAL SERVICES REQUIRED - Areas will be cleaned prior to and proceeding the event. If additional services are required, please specify: _____

OTHER IMPORTANT EVENT LOGISTICS

If not covered above, please use this space to include all other details regarding the setup of your event.

All requests for needed items must be made at the time of reservation. Any revisions to this section of the form must be made at least two business days in advance of the event.



TECHNOLOGY - IF REQUESTING TECHNOLOGY COMPONENTS AND/OR SUPPORT, PLEASE COMPLETE THE FOLLOWING:

- LCD Projection Unit*
- Smart Cart (includes PC, VCR/DVD*, & LCD Projector)
_____w/audio connection
- Document Camera*
- Lectern w/mic*
- Screen*
- Extension cord (indicate #) _____
- Specialized Needs _____
- Technical Assistance Requested (CCBC technical staff will perform the equipment set up. If assistance is desired beyond setup, this box should be checked.)
- Powered speakers w/mic*
Indicate number of microphones needed:
Wireless _____
Lavalier (lapel) _____
- Power Strip (indicate #) _____

All requests for needed items must be made at the time of reservation. Any revisions to this section of the form must be made at least 10 business days in advance of the event.



THEATRES - IF REQUESTING THEATRE SPACE, PLEASE COMPLETE THE FOLLOWING:

AUDIO NEEDS

- Playback – CD
- Other audio visual needs – please use Technology portion of this form

LIGHTING NEEDS

- Full Stage Lighting
- In Front of Main Curtain
- Special Areas: _____

OTHER

- Marley Dance Surface
- Piano – Grand or Upright based on availability.
- Concessions – CCBC caterer has right of first refusal. Contact catering@ccbcmd.edu. CCBC will consider other requests.
- Technical Assistance Requested (CCBC technical staff will perform the equipment set up. If assistance is desired beyond setup, this box should be checked.)

If the requested event requires more than general lighting, or any lighting changes, these requirements should be submitted with this form (see below).

Depending on the needs, time, day and date of the event, the requesting organization may be charged for technical staff or overtime for the theatre technician. Please note: Certain events may require a house manager as well. The Theatre Staff will determine the crew needs and event set-up, run and strike times.

All requests for needed items should be made at the time of reservation. Any revisions to this section of the form should be made at least 10 business days in advance of the event.

Additional Notes or Stage Plot (attach an additional sheet if necessary):



ATHLECTIC FACILITIES - IF REQUESTING ATHLETIC FACILITIES, PLEASE COMPLETE THE FOLLOWING (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> GYMNASIUM | <input type="checkbox"/> MULTI-PURPOSE FIELDS# _____ | <input type="checkbox"/> CLASSROOM(S) # _____ |
| <input type="checkbox"/> SOFTBALL FIELD | <input type="checkbox"/> STADIUM | <input type="checkbox"/> POOL |
| <input type="checkbox"/> BASEBALL FIELD | <input type="checkbox"/> BALCONY | <input type="checkbox"/> LOCKER ROOM(S) # _____ |
| | <input type="checkbox"/> BLEACHERS | |

NUMBER OF COURTS

____ Basketball (3 max.) ____ Volleyball (5 max.) ____ Tennis (12 max.) ____ Racquetball (2 max.)

SPECIAL ITEMS

- | | | |
|--|---|--|
| <input type="checkbox"/> TABLES # _____ | <input type="checkbox"/> SOCCER GOALS # _____ | <input type="checkbox"/> AUDIOVISUAL (Please complete Technology portion of this form) |
| <input type="checkbox"/> CHAIRS # _____ | <input type="checkbox"/> LACROSSE GOALS # _____ | |
| <input type="checkbox"/> SCOREBOARD | <input type="checkbox"/> BASKETBALL GOALS # _____ | |
| <input type="checkbox"/> VOLLEYBALL NET | | |
| <input type="checkbox"/> TECHNICAL ASSISTANCE (CCBC technical staff will perform the equipment set up. If assistance is desired beyond setup, this box should be checked.) | | |
| <input type="checkbox"/> OTHER _____ | | |

Set Up Instructions:

Depending on the needs, time, day and date of the event, the requesting organization may be charged for support staff. The Athletics Department will determine the staff needs and event set-up, run and strike times.

All requests for needed items must be made at the time of reservation. Any revisions must be made at least three business days in advance of the event.

OTHER

CHARGING ADMISSION

CONCESSIONS – CCBC caterer has right of first refusal. Contact catering@ccbcmd.edu . CCBC will consider other requests.



**** If the event request is approved, additional information may be needed.***

Check here if you would like to discuss your event needs with a college representative.



For Office Use Only

Event Approved _____ Date _____

Rooms/Spaces Assigned _____

Room Availability for Setup and Breakdown:

Setup: From _____ to _____

Breakdown: From _____ to _____