

Request for Use of Essex County College Facilities

Organization _____ Date of Request _____

Address _____ City _____ Zip _____

Contact Person _____ Phone _____

Email Address _____ Non Profit/Tax ID# _____

Area(s) Requested _____

(Including Dressing Rooms, locker rooms)

Purpose of Use _____

Event Name/Title _____

Date of Event (s) _____ Number of Attendees _____

Times of Use: *Please include set-up and clean-up time.*

Arrival Time _____ Event Time _____

Event Start/End Time _____ Set Up Time _____ Load Out _____

Will you be charging admission/Sales? _____

Will you be having concessions? Yes _____ No _____

Are you serving food? Yes _____ No _____

(Please Complete a Catering Request for Food Services)

ROOM ARRANGEMENTS

(Check Appropriate Boxes)

Lecture
 w/Table
 Conference
 Café
 U-Shape

- Podium
- No. of Tables
- No. of Chairs
- Registration Tables

- Head Table
- No. of Head Table Chairs
- Food Stations

For other room arrangements, please attach diagram
 ECC does not guarantee the use of College tables, chairs, or other equipment

For Office Use Only	
Deposit Required _____	Total Fees _____
Custodial Fees _____	Security Fees _____
Equipment Fees _____	Facility Rental Fees _____
Technician Fees _____	Student Asst. Fees _____