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
(Complete Appropriate Boxes)

☐ Lecture  ☐ w/Table  ☐ Conference  ☐ Café  ☐ U-Shape

☐ Podium  Head Table
☐ No. of Tables  No. of Head Table Chairs
☐ No. of Chairs  Food Stations
☐ Registration Tables

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 ____________________