

St. Clair College Facility Request

MUST BE RETURNED AT LEAST THREE WEEKS PRIOR TO EVENT DATE TO:

<p style="text-align: center;">Crystal Benn (Dept. #1)</p> <input type="checkbox"/> Student Life Centre <input type="checkbox"/> Alcoves <input type="checkbox"/> Griff's <input type="checkbox"/> Student Centre SRC Office – Box #5 519-972-2716 cbenn@stclaircollege.ca	<p style="text-align: center;">Christy Gatto (Dept. #2)</p> <input type="checkbox"/> Sportsplex <input type="checkbox"/> Classic Gymnasium <input type="checkbox"/> Outdoor Space Athletics Facilities – Box #29 519-972-2727 EXT. 4180 cgatto@stclaircollege.ca	<p style="text-align: center;">Scheduling (Dept. #3)</p> <input type="checkbox"/> Classrooms <input type="checkbox"/> Cafeteria <input type="checkbox"/> Pool St. Clair College – Box #33 519-972-2727 EXT. 4250 scheduling@stclaircollege.ca	<p style="text-align: center;">Eatery 101 (Dept. #4)</p> <input type="checkbox"/> Eatery Eatery Reservations 519-972-2729 eatery101@stclaircollege.ca
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Please check desired location of event.

THE APPLICATION WILL NOT BE PROCESSED UNLESS COMPLETED IN FULL

SECTION 1: Request (Please print clearly)

Contact Information	
Organizer /Organization Name:	
Department:	
Phone/Extension:	
Email:	

Event Information	
Event Name:	
Event Date(s) & Time(s):	
Location of Event (Building, Room #, Area)	
Expected Attendance:	

Event Details		
Description of Event:		
Event Setup Date & Time		
Event Teardown Date & Time		
Event Floor Plan (attached)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Security Required	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Medical Services Required	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Parking Required	<input type="checkbox"/> YES	<input type="checkbox"/> NO
*If yes, number of parking spots		
Caretaking Required	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Renter may incur additional cleaning services fees based on event timelines and costs associated with event as identified in Appendix A.

St. Clair College Facility Request

Audio/Visual Requirements		
Screen & Projector	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Wireless Microphones	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Podium	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Wi-Fi Required	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Additional Power (3 Phase Hook Up)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
other, please specify (including water requirements, any equipment being brought on site including drop off and pick up times):		

Catering Services		
Bar Service (NO OUTSIDE ALCOHOL ALLOWED ON CAMPUS)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Food Service	(MUST USE ON CAMPUS VENDORS) *Weekend Service Limited, MUST Be Pre-arranged*	
<input type="checkbox"/> YES <input type="checkbox"/> NO	St. Clair Centre for the Arts 519-252-8311 EXT.4682 or 4941	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Griffs 519-972-2727 EXT.4562	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Subway 519-972-2727 EXT.4371	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Tim Hortons/Cafeteria 519-972-2727 EXT.2738	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Capri Pizza 519-969-6851	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Sportsplex Concessions 519-972-2727 EXT. 4180	

SECTION 2: Agreement

It is the responsibility of the requester to: (please initial to indicate compliance)

_____ Contact the appropriate individuals for catering and/or liquor services

_____ Provide a layout of the set up for the event two weeks prior to the event

_____ Provide proof of insurance; with a \$5,000,000 Limit of Liability for non-liquor licensed events or a \$15,000,000 Limit of Liability for liquor licensed events, listing St. Clair College and St Clair College Student Representative Council under said policy

A 50% non-refundable deposit is due at time of booking. Balance to be paid in full at least 24 hours prior to the event.

I have read and understand the conditions in Section 2 and Appendix A (Departments #1, #2, #3).

Renter's/ Organizer's Signature

Date

St. Clair College Facility Request

SECTION 3: FOR OFFICE USE ONLY

COLLEGE LEAD _____

REQUEST APPROVED? **NO** **YES**

Please Print: _____ Please Sign: _____ Date: _____

PROOF OF INSURANCE **NO** **YES** DATE PROVIDED: _____

EVENT FLOOR PLAN (A floor plan must be provided for the event indicating set up, number of chairs, tables, aisles widths, etc.) **NO** **YES** DATE PROVIDED: _____

FIRE SAFETY PLAN **NO** **YES**
 If YES - Date Submitted: _____

ELECTRICAL SAFETY AUTHORITY **NO** **YES**
 If YES – Inspection Date & Time: _____

FIREWORKS/PYROTECHNICS/HAZE MACHINE **NO** **YES**
 If YES – Fire Inspection Date & Time: _____

SECURITY REQUIRED **NO** **YES**
 If YES – Number of Guards _____ Start/End Time: _____

WINDSOR POLICE SERVICES **NO** **YES**
 If YES – Number of Officers _____ Start/End Time: _____

ADDITIONAL CUSTODIAL SERVICES **NO** **YES**

WORK ORDERS SUBMITTED # _____

	Information to be communicated to:	
Check	Area	Contact
	Athletic & Recreation	
	Facilities/ Hurley	
	Health & Safety/ Security	
	IT Services (WiFi & Media Screens)	
	Marketing/Recruitment	
	Parking Services	
	Residence	
	Senior Management	
	Student Representative Council	
	Sent to Master Calendar	
	Windsor Transit	