

St. Clair College Facility Request

SRC Board Initiatives & Club Events

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

<p>SRC Student Space</p> <p><input type="checkbox"/> Student Life Centre <input type="checkbox"/> Alcoves <input type="checkbox"/> Griff's <input type="checkbox"/> eSports Nexus <input type="checkbox"/> Downtown Space</p> <p style="text-align: center;">SRC Office – Box5 519-972-2727 ext 4009 cbenn@stclaircollege.ca</p>	<p>Athletics</p> <p><input type="checkbox"/> Sportsplex <input type="checkbox"/> Classic Gymnasium <input type="checkbox"/> Outdoor Space <input type="checkbox"/> SportsPark</p> <p style="text-align: center;">Athletics Facilities – Box29 519-972-2727 EXT. 4180 jmcewan@stclaircollege.ca</p>	<p>Scheduling</p> <p><input type="checkbox"/> Classrooms <input type="checkbox"/> Cafeteria</p> <p style="text-align: center;">St. Clair College – Box #33 519-972-2727 EXT. 4250 scheduling@stclaircollege.ca</p>	<p>Eatery 101 (Dept. #4)</p> <p><input type="checkbox"/> Eatery</p> <p style="text-align: center;">Eatery Reservations 519-972-2729 eatery101@stclaircollege.ca</p>
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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	
Name:	
Club/Department:	
Phone:	
Email:	

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

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	Quantity:
Tables/ Chairs Needed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Quantity:
SRC Printing Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Quantity:

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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
Event Streaming Capability	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Speakers	<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 <small>(NO OUTSIDE ALCOHOL ALLOWED ON CAMPUS)</small>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Food Service	(MUST USE ON CAMPUS VENDORS)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	St. Clair Centre for the Arts	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Griffs	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Booster Juice	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Subway	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Tim Hortons	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Capri Pizza	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Bamboo & Blossom	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hamoudi's Shawarma	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Sportsplex/SportsPark Concessions	
SLC Kiosk Food Service Machines	<input type="checkbox"/> Soft Serve Ice Cream Machine	
	<input type="checkbox"/> Popcorn Machine	
	<input type="checkbox"/> Cotton Candy Machine	
	<input type="checkbox"/> Snow Cone Machine	
	<input type="checkbox"/> Hot Dog Roller	
	<input type="checkbox"/> Griddles (2 available)	

SRC Board Initiative Use Only	
Budget Request	Dollar Amount \$:

SECTION 2: Agreement

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

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

_____ Provide a completed risk assessment form for large scale events **ONLY**

Signature

Date

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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:

	Athletic & Recreation	
	Facilities/Best Services	
	Health & Safety/ Security	
	IT Services (WiFi & Media Screens)	
	Marketing/Recruitment	
	Parking Services	
	Residence	
	Senior Management	
	Student Unions	
	Sent to Master Calendar	
	Windsor Transit	