

## 3094 Indian Circle Marianna, Fl. 32446-2053 **Facility Use Request**

	<b>PART</b>	I:	REQU	<b>JEST</b>
--	-------------	----	------	-------------

1. Name/Organization 2. Address 3. Facility to be Used 4. Purpose 5. Date of Use	6. Time From		То		
	*FOR COLLEGE FUNCTIONS ONLY	Υ			
Computer Wireless Access for Presenter	Laptop Internet Wireless Access for Attendees (how many)	Sound Microphon		rinter rojector	
SPECIFIC SET-UP INSTRUCTIONS (ch	nanges may not be made later):				
<ul> <li>a. The college assumes r</li> <li>b. Any individual or grou</li> <li>c. Any individual or grou</li> <li>8. Custodial services required \( \square\) Y</li> </ul>	of campus group covered by Chipola insurance) [ or	of property ind regulation nage to colle	resulting from ( ns.	use of the	facility.
*Use of the facility is NOT CONFIR	RMED until requestor receives a return copy	of this forn	n with ALL appr	ovals che	cked.
1. Director of Facilities:		Date		Initials	
2. Building Supervisor:		Date		Initials	
3. VP of Instruction:		Date		Initials	
4. Associate VP of Student Affairs:		Date		Initials	
5. Associate VP of Human Resources:		Date		Initials	

\*THIS EVENT SCHEDULED FOR THE DATE ON THIS FORM IS ADDED TO THE COLLEGE CALENDAR

Chipola College is an Equal Access/Equal Opportunity Institution

Revised July 2023