

Cañada College 4200 Farm Hill Boulevard Redwood City, CA 94061 Voice 650-306-3271 Fax 650-306-3171		Today's Date _____
--	---	-----------------------

Facilities Reservation Form

BY PERSONS OR ORGANIZATIONS **NOT** DIRECTLY AFFILIATED WITH CAÑADA COLLEGE

Your Name: _____ Title: _____ Phone: _____

Cell Phone (A CONTACT NUMBER FOR ONSITE EVENT DATE MUST BE SUPPLIED): _____

Organization Name: _____

Non-Profit Number_94-_____ OR Social Security No: _____

Email Address _____

Address: _____

(Street) (City) (State) (Zip Code)

Event Type: (Check One) Athletics___ Film___ Lecture___ Meeting___ Reception___
 Rehearsal___ Performance___ Other_____

Please list Event Date(s): _____

PLEASE INCLUDE SET-UP AND CLEAN-UP TIME

Arrival Time: _____ A.M. or P.M. Time Event Begins: _____ A.M. or P.M.

Time Event Ends: _____ A.M. or P.M. Time of Departure: _____ A.M. or P.M.

Total Hours: _____

Expected Number Attending: _____

Please list Rehearsal Date(s): _____

PLEASE INCLUDE SET-UP AND CLEAN-UP TIME

Arrival Time: _____ A.M. or P.M. Time Event Begins: _____ A.M. or P.M.

Time Event Ends: _____ A.M. or P.M. Time of Departure: _____ A.M. or P.M.

Total Hours: _____

Expected Number Attending: _____

PLEASE INDICATE THE FACILITY OR FACILITIES REQUESTED:

Athletics	Academic Buildings	Fine Arts	Auxiliary Spaces
_ Main Gym (max Capacity 1550)	_ Classroom (10-25 capacity)	_ Main Theatre (max capacity 520)	_ Dining Hall, The Grove (max capacity 270)
_ Men's dressing room with showers	_ Classroom (26-45 capacity)	_ Flex Theatre	_ Parking lot
_ Women's dressing room with showers	_ Classroom (46-100 capacity)	_ Multipurpose room 3-142 (max capacity 100)	_ Frisbee lawn
_ Tennis courts (number requested_____)	_ SMART Classroom	_ Multipurpose room 3-148 (max capacity 75)	_ Front Plaza _ Back Plaza
_ Baseball Field	_ Science Lab _ Computer Lab	_ Art Gallery/Foyer/Lobby _ Amphitheatre	_ Quad Area outside Lawn 1, 2 or 3
_ Soccer field	_ Library	_ Multipurpose room 6-101 and 6-102	_ Fountain Area in Quad
_ Track	- Learning Center	_ Multipurpose room 2-10 (max capacity 90)	_ Gravel Lot, lower lot 6
Other _____			

Has this location been reserved? Yes___ No___

Are you selling concessions? Yes___ No___ If yes, please describe_____

Are you serving food? Yes___ No___ If yes, please describe_____

Are you selling tickets? Yes___ No___ If yes, how much will you charge? _____

Are you charging attendees a fee? Yes___ No___ If yes, how much will you charge? _____

Are you anticipating Traffic/Parking Needs? Yes___ No___

(If yes, check all that apply): ___Reserve Parking Spaces # _____

___Reserve Parking Lot # _____

___Suspend Parking Regulations (except at metered lots)

___Directing Traffic Flow

SPECIAL REQUIREMENTS NEEDED:

<input type="checkbox"/> LCD Projector	<input type="checkbox"/> Opaque Projector	<input type="checkbox"/> Microphones	<input type="checkbox"/> 6' Tables (number requested ___)
<input type="checkbox"/> VHS Projector	<input type="checkbox"/> Theatre Lighting	<input type="checkbox"/> Music Stands	<input type="checkbox"/> Chairs (number requested ___)
<input type="checkbox"/> DVD Projector	<input type="checkbox"/> Theatre Sound System	<input type="checkbox"/> Podium/Lectern	<input type="checkbox"/> Barbecue
<input type="checkbox"/> Slide Projector	<input type="checkbox"/> Portable Sound System	<input type="checkbox"/> Portable Stage	<input type="checkbox"/> 10'x10' Canopy (number requested ___)
<input type="checkbox"/> Overhead Projector	<input type="checkbox"/> Background Music		<input type="checkbox"/> Trash Cans (number requested ___)

Other (Please Specify) _____

*Technicians are required for many of the facility rentals. Equipment is not included in facility rental fees.
All rental contracts must employ union custodial crew provided by the district.
Security fees will apply as well.*

Do not write below this line it is for College Staff Only

Estimated rates: (All are charged at 2 hour minimums)

Custodial - \$52/hr. Engineering - \$56/hr. Grounds - \$56/hr. Security - \$52/hr. Technician - \$56/hr.

Custodian \$ _____ Engineering \$ _____ Grounds \$ _____

Security \$ _____ Technician \$ _____ Total Costs: \$ _____

Requestor's Signature _____ Date _____

**Please send completed application to the attention of Rachel Corrales at
corrales@smccd.edu, 650 306-3271.**

Application must be received 45 days prior to the date of use.

SET-UP DIAGRAM:

(PLEASE DRAW ANY SPECIFIC SET-UP NEEDS YOU MAY HAVE AND/OR ATTACH ADDITIONAL INFORMATION IF NEEDED)