

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

BY INDIVIDUALS, CLUBS OR ORGANIZATIONS DIRECTLY AFFILIATED WITH CAÑADA COLLEGE ONLY  
**APPLICATION MUST BE RECEIVED 2 WEEKS PRIOR TO THE DATE OF USE**

Your Name: \_\_\_\_\_ Division: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ G# \_\_\_\_\_

Club/Organization Name: \_\_\_\_\_

Event Type: (Check One) Athletics \_\_\_\_\_ Film \_\_\_\_\_ Lecture \_\_\_\_\_ Meeting \_\_\_\_\_ Reception \_\_\_\_\_  
 Rehearsal \_\_\_\_\_ Performance \_\_\_\_\_ Other \_\_\_\_\_

Please list Event Name/Title: \_\_\_\_\_

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
_ Gym (max Capacity 1550)	_ Classroom (10-25 capacity)	_ Main Theatre (max capacity 520)	_ Cafeteria (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	_ Outdoor Theatre
_ Soccer field	_ Library	_ Quad Area 1, in front of building 9, by statue	_ Quad Area 3, in front of building 9, by horse
_ Multipurpose building 6 (max capacity 185)	- Learning Center	_ Quad Area 2, in front of building 9, by Pony Expresso	_ Entrance of building 9

Has this location been reserved? Yes \_\_\_ No \_\_\_

Are you having 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 # \_\_\_\_\_ \_\_\_ Directing Traffic Flow

\_\_\_ Suspend Parking Regulations (except at metered lots)

**SPECIAL REQUIREMENTS NEEDED:**

_ LCD Projector	_ Opaque Projector	_ Microphones	_ 6' Tables (number requested _____)
_ VHS Projector	_ Theatre Lighting	_ Music Stands	_ Chairs (number requested _____)
_ DVD Projector	_ Theatre Sound System	_ Podium/Lectern	_ Barbecue
_ Slide Projector	_ Portable Sound System	_ Portable Stage	_ 10'x10' Canopy (number requested _____)
_ Overhead Projector	_ Background Music		_ 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.*

**Please estimate, initial and return as soon as possible:**

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

Custodial - \$52/hr    Engineering - \$55/hr    Grounds - \$56/hr    Security - \$50/hr    Technician - \$45/hr

Custodian \$ \_\_\_\_\_ Engineering \$ \_\_\_\_\_ Grounds \$ \_\_\_\_\_

Security \$ \_\_\_\_\_ Technician \$ \_\_\_\_\_ Total Costs: \$ \_\_\_\_\_

SET-UP DIAGRAM:

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

Requestor's Signature \_\_\_\_\_ Date \_\_\_\_\_

*College Accounts need Division Dean's signature  
Trust/Club Accounts need Student Activities Coordinator's signature*

College or Trust/Club Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Requestor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean/Student Activities Coordinator's Signature

\_\_\_\_\_ Date \_\_\_\_\_

**Please send completed application to the attention of Rachel Corrales at  
[corrales@smccd.edu](mailto:corrales@smccd.edu), 650 306-3271.**

**Application must be received 2 weeks prior to the date of use.**