

# FACILITIES SET-UP REQUEST

Shoreline Community College

No: \_\_\_\_\_

(Facilities Department Use Only)

## Requestor Information

Requestor Name (print)		Dean, Director, Executive Director, or Vice President Approval Signature		Building Number
Date Requested	Phone Ext. #	Program/Department	Budget Number	Room Number

## Event Details

Event Date(s)	M T W Th F Sa Su <small>Circle Event Day(s) of Week</small>	Title of Event
Event Room Number	Event Start Time	Event End Time
Set-Up Time Deadline	Take Down Date	Take Down Time

## Detailed Sketch of Room Set-up

## Facilities Department Use Only

SETUP ASSIGNMENT		TAKE DOWN ASSIGNMENT		SETUP COMPLETE		TAKE DOWN COMPLETE	
Maintenance	Custodial	Maintenance	Custodial	Hours	Date	Hours	Date
Date	Date	Date	Date				
Time	Time	Time	Time				

## Special Instructions/Notes

Complete form, make a copy, and send/email to **Facilities Department – Room 5105** at least two weeks prior to event.