

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 Circle Event Day(s) of Week	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.