



LONG BEACH CITY COLLEGE

LONG BEACH CITY COLLEGE DISTRICT "HOME OF THE VIKINGS"

Mail Code G9 4901 E. Carson St. Long Beach, CA 90808 Phone: (562) 938-4019 Fax: (562) 938-4069

APPLICATION FOR USE OF DISTRICT FACILITIES (PLEASE NOTE, PROOF OF INSURANCE WILL BE REQUIRED)

NAME OF SPONSORING ORGANIZATION/GROUP:

INDIVIDUAL AUTHORIZED TO TRANSACT ON BEHALF OF ORGANIZATION:

Name: Title/Affiliation:

ADDRESS:

PHONE: CELL: FAX:

EMAIL: WEBSITE:

CONTACT PERSON: PHONE:

LBCC SCHOOL ACTIVITY (Details on how it is directly related to LBCC Students is required):

NON-SCHOOL ACTIVITY:

WILL ALCOHOL BE SERVED: Y N OPEN TO THE PUBLIC: Y N

ESTIMATED ATTENDANCE: #

CAMPUS BEING REQUESTED:

LIBERAL ARTS CAMPUS, 4901 E. CARSON ST., LONG BEACH, 90808 PACIFIC COAST CAMPUS, 1305 E. PACIFIC COAST HIGHWAY, 90808

Table with 5 columns: FACILITIES NEEDED, DAY OF THE WEEK, EVENT DATE(S), HOURS USED FROM, HOURS USED TO. Includes three rows of blank lines for data entry.

ESTIMATE AMOUNT OF ANY ADMISSION, PARKING FEES, OR OTHER CHARGES RELATED TO THIS EVENT:

\$ Total Est. Admission Revenue \$ Total Est. Parking Revenue \$ Total Est. Other Charges

SPECIFY REQUESTS FOR SPECIAL EQUIPMENT:

I confirm that the above information is true and correct. By signing below I understand and agree this application is not a confirmation of facility use and that the date(s) for this event will not be confirmed until I receive written confirmation from an authorized representative of Long Beach Community College District.

X Authorized Representative (Sponsoring Organization) Date