

LONG BEACH CITY COLLEGE DISTRICT "HOME OF THE VIKINGS"

4901 E. Carson St., G-9 Long Beach, CA 90808 Phone: (562) 938-4019 Fax: (562) 938-4069

APPLICATION FOR USE OF DISTRICT FACILITIES

PLEASE NOTE: INSURANCE WILL BE REQUIRED & APPLICATION MUST BE RECEIVED AT LEAST 14 DAYS PRIOR TO EVENT NAME OF ORGANIZATION/GROUP: ADDRESS: ______ BUSINESS PHONE#: FAX#: CONTACT PERSON: _____ CELL PHONE: _____ EMAIL: _____ WEBSITE:____ LBCC SCHOOL ACTIVITY (Details on how it is directly related to LBCC Students is required): NON-SCHOOL ACTIVITY: _____ WILL ALCOHOL BE SERVED: OPEN TO THE PUBLIC: ESTIMATED ATTENDANCE: Y() N() Y() N() CAMPUS FACILITY REQUESTED: (PLEASE CHECK) o LIBERAL ARTS CAMPUS, (LAC) 4901 E. CARSON ST., LONG BEACH, 90808 o PACIFIC COAST CAMPUS, (PCC) 1305 E. PACIFIC COAST HIGHWAY, 90806 VETERANS MEMORIAL STADIUM, (VMS) 5000 E. LEW DAVIS, LONG BEACH, 90808 OTHER DAY(S) OF EVENT START TIME: END TIME: FACILITIES NEEDED: THE WEEK DATE(S): ____:__am / pm ____:__am / pm ____:_ am / pm ____:_ am / pm ESTIMATE AMOUNT OF ANY ADMISSION, PARKING OR OTHER FEES RELATED TO THIS EVENT: Admission Revenue \$ Parking Revenue \$ Other Charges \$ SPECIAL REQUEST OR NEED: (Other than event set-up or multi-media equipment) **Please Note:** ✓ Event set-ups must be listed on the Set-Up Request form. ✓ Multi-media equipment must be listed on the Multi-Media Service Request form. 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. _____ Signature: _____ Date: ____ Applicant's Name: ___ (Please print)