

Section

Address: _____
Home Phone: _____ Cell Phone: _____
Office Phone: _____ E-mail: _____

FOR GSCC ACTIVITIES:

Program Purpose: (Indicate topic and speaker, if applicable) _____

Program Available to: (Mark all that apply) Faculty Staff Students General Public
Other: (Please Specify) _____

FOR EXTERNAL ORGANIZATION ACTIVITIES: Category "A" "B" (Attach documentation) "D"
No Yes Literature Distribution - If yes, attach copy

Area(s) Requested: Campus: _____ Building: _____ Roo _____ ta

tendees/Tickets Expected: _____ Admission/Registration Fee: Yes No
&97" Feroukt" Rakf" Yes No

Rental Fee: \$ _____
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_____ e: _____ Phone: _____

Sponsor: _____ Date: _____ Phone: _____

APPROVED: _____ Date: _____
Facilities Support Manager

APPROVED: _____ Date: _____
President/Designee

Original to: Facilities Support Manager
Copies to: Supervisor of Maintenance, Director of Physical Plant, Applicant