## **VERNON COLLEGE FACILITY RESERVATION FORM**

Complete form and email to roomrequest@vernoncollege.edu

VC Emplo	VC Employee Request:			Community Request:			
Person or Org	ganization	Requesting:					
Event/Activit	y:						
Contact infor	mation:						
Signature:							
Specify Facilit	ty/Room:						
Date:	I	Day:	Ti	me:	.m until		.m
Estimated nu	mber in att	endance:					
Will special e	quipment,	owned by VC, be ne	eded? Yes		No		
If yes, please give detail:							
Will VC maintenance assistance be required for setup, cleanup, etc? Yes No							
If yes, please give detail							
**************************************							
Approval:							
Comments:							
Service Fee?	Yes	No Ar	nount: \$		Rec'd date:		

Vernon College assumes no liability for any accidents that occur by participants, or schedulers of any activities scheduled in Vernon College facilities.