



Organization Name requests permission from Umpqua Community College,

Executive Council, to allow UCC to sponsor the Name of Event

on Date of Event, between Start Time AM/PM and End Time AM/PM

(Or for the following dates and times if more than one: .)

The event will be held in the List All Campus Location(s) that event has scheduled.

The event is a Description of Event

The estimated number of adult participants at the event is .

Organization Address:

Organization Contact Person:

Contact Phone:

Contact Email:

CUSTOMER:

UMPQUA COMMUNITY COLLEGE

Signature of Authorized Organization Representative Date

Facility Scheduler/Special Events Date

Note: This approval applies to room fees only. Other charges may apply; (typically these charges include but are not limited to: catering, custodial, security and other hard costs).

For Official Use Only

The room cost for this event. .

Approved by the Executive Council.

Denied by the Executive Council

Signature of Authorized Board / College Representative Date