Request for Use of Facilities and Food Services

Date _____ Res # _____

Outside Organization/NMCC Department_____Account No. _____

Billing Address _____

Contact Name _____ Phone _____ Email _____

Event Name _____Guest Count _____

Date(s) of Event _____ Start Time_____ End Time _____

Room(s) Requested _____

Food Service *(check all that apply)*

☐ Breakfast ☐ Snacks ☐ Delivery ☐ Custom Catering

☐ Lunch ☐ Beverage Service ☐ Cash Bar ☐ All-day Package

☐ Dinner ☐ Reception ☐ Open Bar ☐ Other

Start Time_____ End Time _____ for _____ (service ordered)

Start Time_____ End Time _____ for _____ (service ordered)

Start Time_____ End Time _____ for _____ (service ordered)

Menu/Instructions _____

_____

Audio | Visual | Technology *(check all that apply)*

☐ Edmunds Video Wall ☐ Gym Video Wall ☐ Laptop ☐ Tech Support

☐ Projector/Screen ☐ PA System/Microphone ☐ Conference Phone ☐ Internet/Wifi

☐ Videoconferencing (☐ Zoom ☐ Teams ☐ Other_____)

Instructions _____

_____

(If you are using your own equipment, please specify what it is and how you need it to integrate with NMCC equipment.)

Room Set Up *(check all that apply)*

☐ 6' Round Tables (9-10 chairs max) ☐ U-shape ☐ Table Linens ☐ Exterior Signs

☐ 8' Rectangle Tables (8 chairs max) ☐ Square ☐ Stage ☐ Interior Signs

☐ Tall Cocktail Tables ☐ Classroom Style ☐ Podium ☐ Other

☐ Rows of Chairs ☐ See attached diagram

Instructions _____

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