



Request for Use of Facilities and Food Services

Date _____ Res # _____

Outside Organization/NMCC Department _____ Account No. _____

Billing Address _____

Contact Name _____ Phone _____ Email _____

Event Name _____ Setup Count _____

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

Building/Room Requested _____

Building/Room Requested _____

Food Service (check all that apply) Start Time(s) _____ End Time(s) _____

- Breakfast Snacks Delivery Custom Catering
- Lunch Beverage Service Cash Bar All-day Package
- Dinner Reception Open Bar Other

Menu/Instructions _____

Audio | Visual | Technology (check all that apply)

- Projector Gym Video Wall Laptop Tech Support
- Screen PA System Conference Phone Internet/Wifi

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)

- 5' Round Tables (8 chairs max) Horseshoe Linens Exterior Signs
- 6' Rectangle Tables (6 chairs max) Square Stage Interior Signs
- 8' Rectangle Tables (8 chairs max) Classroom Style See attached diagram Other
- Tall Cocktail Tables Rows of Chairs

Instructions _____
