

**IVY TECH COMMUNITY COLLEGE - CENTRAL INDIANA
EXTERNAL CAMPUS EVENT/ACTIVITY REQUEST**

****Instructions: All Fields with an * must be completed**

Requests must be submitted no more than 30 days and no less than 2 days prior to the event

Event Information:

* Date request was made: _____ * Date of Meeting or Event: _____

* Name of person responsible for Event / Activity: _____

* E-mail address of person responsible for Event / Activity: _____

* Name of Group, Organization or Individual(s): _____

* Type of Group: _____

* Nature of Activity or Event: _____

* Number of people attending Event / Activity: _____

* Time of Event: _____

* I have read and agree to abide by the Regional guidelines [Link - http://www.ivytech.edu/indianapolis/about/facility/](http://www.ivytech.edu/indianapolis/about/facility/)

Note: It is expressly prohibited by ITCC to charge a participation fee for on campus events

Set Up and Tear Down

* Will the meeting result in table set-up/take down and/or additional trash Yes No

Event Location:

North Meridian Center Fairbanks Center Other (please identify location) _____

Technology Center East Washington

Room Type:

Conference Room Classroom Auditorium

Physical Layout for Auditorium:

U-Shape Classroom Theatre Hollow Square Round Tables

Other Layout Describe Layout _____

<u>Fees</u>	Half Day (4 hours)	Full Day (8 hours)
Classroom	\$100	\$200
Conference Room	\$250	\$500
Auditorium	\$500	\$1,000

Catering: Is the event being catered? No Yes

Name of Caterer: _____

Signature of person completing this application Date

Contact email address: _____

Contact phone number: _____

Signature of Ivy Tech Community College Sponsor Date

Approved Not Approved _____
Signature of Executive Team Member Date

AFTER REQUEST IS APPROVED, RETURN COMPLETED FORM TO STACY SMILEY AT 921- 4876

STACY SMILEY WILL SEND COPIES TO: Security, Facilities, Marketing, and Regional Resource Center