PLEASE READ BEFORE COMPLETING THIS FORM:
1. Please check the date availability of your desired activity by visiting our Berkeley City College website Event Calendar; a request does not guarantee a reserved space.
2. Your request must be submitted 4 weeks prior the date you desire or the activity cannot take place.
3. Please make sure you have obtained all approvals/signatures prior to submitting this request. Your request will not be considered unless you have all signatures required.
4. Please attach a short summary of the activity or event you are requesting.
5. Please do not assume your request is approved until you have received confirmation that it has been approved. Therefore, please do not advertise book speakers or make arrangements until then.

RETURN THESE FORMS TO: Office of Campus Life & Student Activities, Room 151 1st floor
      (510) 981-5012   email: lrojas@peralta.edu

TYPE OF ACTIVITY REQUESTED:
☐ Event
☐ Tabling
☐ Meeting
☐ Class/Instruction
☐ Other:____________

LOCATION:
☐ Atrium  ☐ Auditorium  ☐ Student Lounge 5th flr.  ☐ Classroom:____  ☐ Other:_______
Will you require Audio Visual, IT support or Custodial Assistance?  ☐ YES*  ☐ NO
*If Yes, please fill out attached request forms

DATE & TIME REQUESTED:
Day of week: ________________________     Date:_______________________________________
Prep Time before:_________am/pm.  (Includes decorating, displays, hangings, etc. )
Actual Beginning Time:______________am/pm.     Ending Time:______________am/pm.
You have up to 1 hour after to remove all decorations; it is your responsibility and we are not responsible for any lost, stolen or damaged items before, during or after your activity/event.
COMMENTS:_____________________________________________________________________
_____________________________________________________________________________

REQUESTOR INFORMATION:
☐ Student Organization*  ☐ Faculty    ☐ Staff
*For Student Organizations, please fill out that section on the next page

Name of Requestor:____________________________________  Student ID#:________________
(Please PRINT LEGIBLY)  (Students only)
Requestor Signature:___________________________________  Date:_______________________
Email (required):_________________________ Phone Number: (         )____________
FACULTY/STAFF ONLY:

Please have your Administrator Sign and date below upon their approval

Administrator Name (PRINT):________________________________ Dept.:___________________

I hereby approve the activity requested by the faculty/staff person listed on this request form.

Administrator Signature:________________________________ Date:____________________

STUDENT ORGANIZATIONS:

1. Faculty Advisor Approval:
By signing this request you are indicating your approval and your intention to be present at the event and that you have read and confirmed that the application is filled out correctly. Failure to follow procedures, timelines and filling in necessary information may lead to disapproval of the event. Last minute changes may not be possible and requests must be submitted 3 weeks prior to activity requested or it may be denied.

Faculty Advisor Name:  _____________________________________________________________

(Please PRINT LEGIBLY)

Faculty Advisor Signature: __________________________ Date:____________________

Faculty Advisor Email:_________________________ Advisor Phone:____________________

Name of Approved Student Organization/Club:___________________________________________

2. ICC Approval:  □ Approved   □ Denied    If denied, reason: _________________________

Approved by Authorizing Official: (Print Name):_______________________________________

Signature of Authorizing Official:________________________________ Date:______________

3. ASBCC Council Approval    □ Yes, Meeting Minutes attached showing approval

Verified by ASBCC Authorizing Official (Print Name):________________________________

Signature of Authorizing Official:________________________________ Date:______________

FOR OFFICE USE ONLY

□ Approved   □ Denied

__________________________ Date: __________

Signature of Administrator

Print Name of Administrator:________________________________

If denied, reason:________________________________________________________
Name of Activity: ___________________________ Date/Time of Activity: ___________________________

**ATRIUM SET-UP REQUEST**

**CUSTODIAL:**
We currently have the following equipment available. Please list below what you’ll need. Approximately: 2 podiums, 22 tables, and 107 chairs (Please inquire regarding Easel availability)

Number of Podiums: ________________ Number of tables: ________________
Number of chairs: ________________ Comments: _______________________

**AUDIO VISUAL/IT:**
(Microphones may only be used in the atrium between 12:15 -1:15 Monday – Friday)

Cordless microphones:
# on stand ______ # on podium _______ # on table _______

Regular microphones:
# on stand ______ # on podium _______ # on table _______

*Please fill in attached diagram for your desired set-up*

**AUDITORIUM SET-UP REQUEST**

**CUSTODIAL:**
We currently have the following equipment available. Please list below what you’ll need. Approximately: 2 podiums, 22 tables, and 107 chairs (Please inquire regarding Easel availability)

Podiums on stage: ________________ Tables on stage: ________________
Number of chairs on stage: _______

Auditorium Outside/Entrance Request:
Tables outside/entrance: __________ Chairs outside/entrance: __________

**AUDIO VISUAL/IT:**
Cordless microphones on stage:
# on stand ______ # on podium _______ # on table _______

Regular microphones onstage:
# on stand ______ # on podium _______ # on table _______

*Please fill in attached diagram for your desired set-up*
# Request for A/V Set-up

**Event Name:**

**Presenter:**

**Main Contact No.:**

**e-mail:**

**Event Date:**

**Time/Length:**

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<table>
<thead>
<tr>
<th>Amount Available</th>
<th>Item</th>
<th>Quantity</th>
<th>Location</th>
<th>Set-up Mic/Lecturn</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Hand-Held Wireless Mic -- Auditorium only</td>
<td>Circle only one:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Wireless Lavaliere -- Auditorium only</td>
<td>2 hand-held 2 lavaliers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Lavaliere w/stations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Vocal Mic</td>
<td>Circle as needed (see map):</td>
<td>(shown as stars)</td>
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</tr>
<tr>
<td>1</td>
<td>16 Channel Mixer</td>
<td></td>
<td>Atrium: #1 #2 #3</td>
<td>Mic: a b c</td>
</tr>
<tr>
<td>1</td>
<td>8-channel Self-Powered Mixer with 2 speakers</td>
<td></td>
<td>Student: #1 #2 #3</td>
<td>Lecturn:</td>
</tr>
<tr>
<td>1 set</td>
<td>Self-powered Speakers w/built-in CD and mic inputs</td>
<td></td>
<td></td>
<td>a b c</td>
</tr>
<tr>
<td>1 set</td>
<td>Single Self-powered Speakers w/mic input</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Tri-pod Mic Stands</td>
<td></td>
<td>Hand-Held Wireless (choose one or two areas only):</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Round-based Mic Stands</td>
<td></td>
<td>a b c d e f g h k</td>
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<td>8</td>
<td>Table-top Mic Stands</td>
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<td>sm-58 (depending where, will need wires tacked down):</td>
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<tr>
<td>1</td>
<td>Portable Lectern</td>
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<td>a b c d e f g h k</td>
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<td>5</td>
<td>Television Sets***</td>
<td></td>
<td>Lectern:</td>
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<tr>
<td>3</td>
<td>Flat Screen Monitors***</td>
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<td>a b c d e f</td>
<td></td>
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<tr>
<td>3</td>
<td>Over Head Projectors***</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5</td>
<td>DVD/VCR Deck***</td>
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<td>***placement will be at the discretion of a/v personal depending on space, nos. of requested items, and if screens and/or laptops are needed.</td>
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<tr>
<td>4</td>
<td>Data Projectors***</td>
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</tr>
<tr>
<td>1</td>
<td>Digital Presenter***</td>
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</tbody>
</table>

**Performances** -- should request at least two weeks ahead. At least one week prior to performance, a face-to-face meeting (about 1hr+) is necessary for optimal service. Depending on complexity of set-up, should be at site 3hrs+ before show time.

**Lectures and Recitals** -- should request two weeks ahead. On day of, please meet on-site 1hr+ prior for set-up. If your set-up differs from designated areas already established, please use the blank diagrams at the bottom of page.

***For video-taping event, contact Cynthia L. Nuckols thru Bryan Gibbs for details.

Authorized By: ____________________________