



Berkeley City College CAMPUS ACTIVITY PROPOSAL FORM

This form shall be used for all approved student organizations, faculty & staff.

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 Student Activities & Campus Life Room 151
(510) 981-2877 email: asingleton@peralta.edu

TYPE OF ACTIVITY REQUESTED:

- Event
- Tabling
- Meeting
- Class/Instruction
- Other: _____

Name of Activity: _____ Brief description of activity: <i>(attach additional sheet if needed)</i> _____

LOCATION:

- Atrium
 Auditorium
 Student Lounge 5th floor
 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: () _____

APPROVAL PROCESS

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	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date/ Location available and reserved on calendar by: Student Services Staff Name: _____ Signature: _____ Date: _____
_____ Date: _____	
Signature of Administrator	
Print Name of Administrator: _____	
If denied, reason: _____	

Name of Activity: _____ Date/Time of Activity: _____

ATRIUM SET-UPREQUEST

CUSTODIAL:

We currently have the following equipment available. Please list below what you'll need.
Approximately: 2 podiums, 40 tables, and 100 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)

Regular microphones # on podium _____ #on table _____
on stand _____

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

AUDITORIUM SET-UPREQUEST

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:

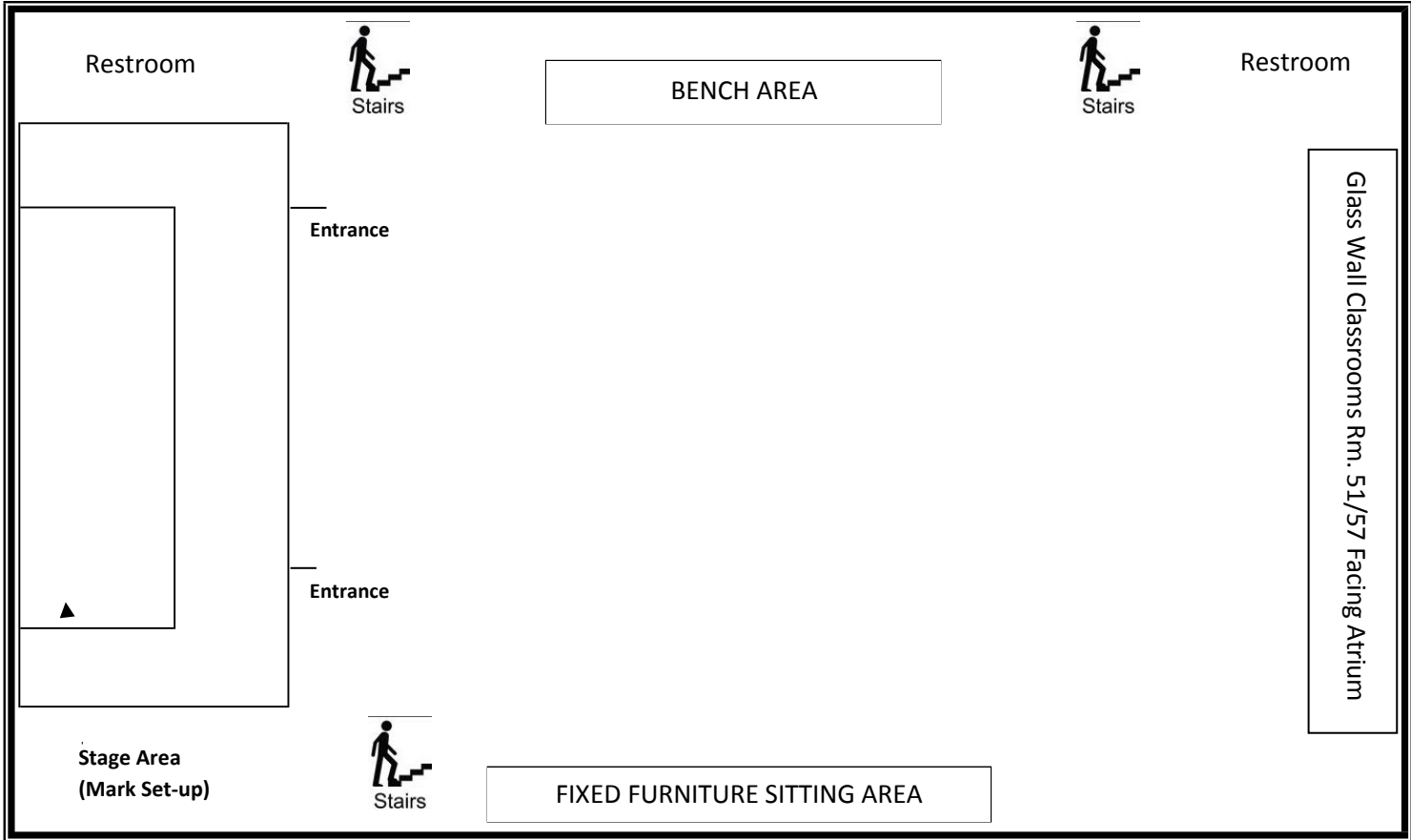
on stand _____ # on podium _____ #on table _____

Regular microphones onstage:

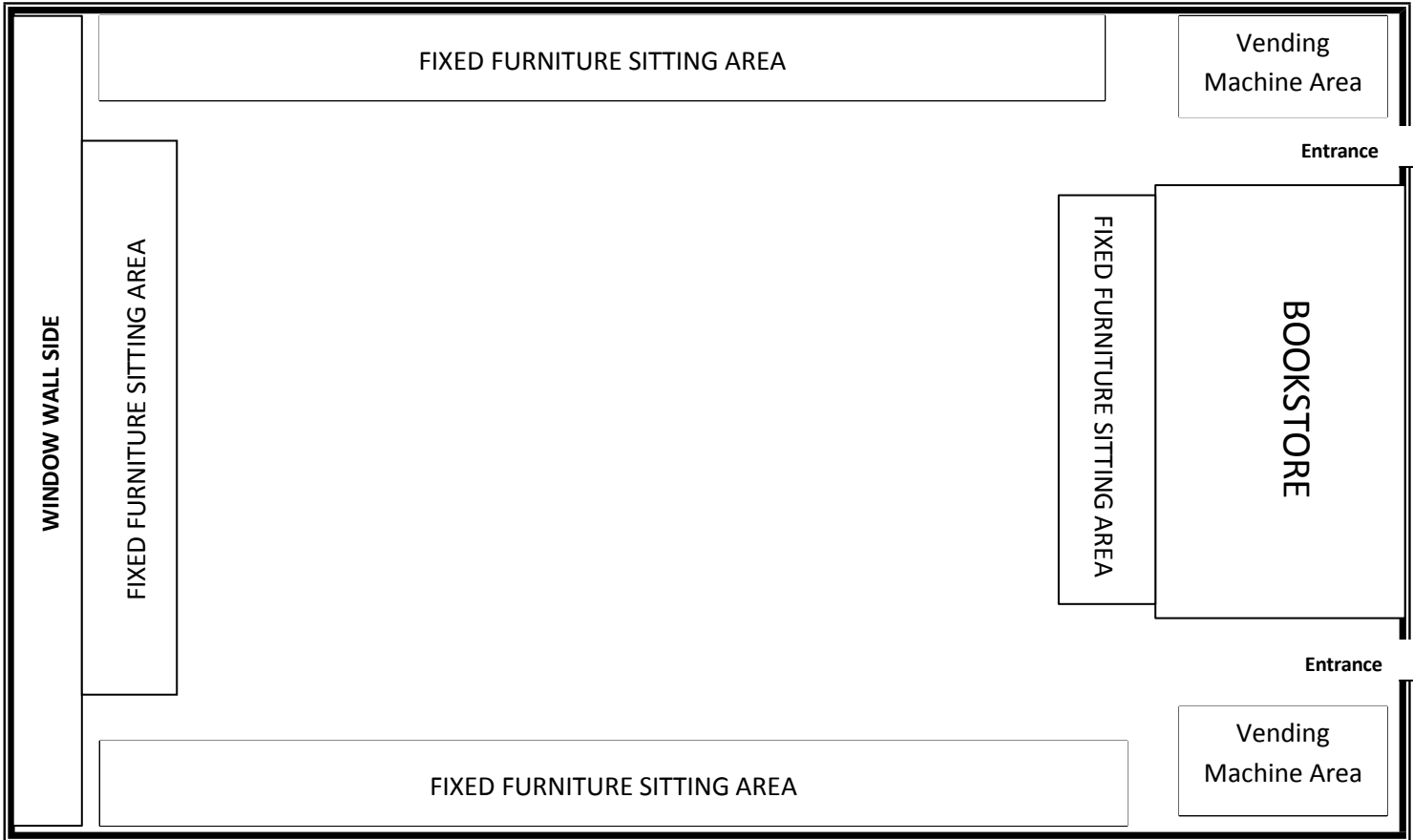
on stand _____ # on podium _____ #on table _____

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

ATRIUM/BASEMENT LEVEL & AUDITORIUM/ENTRANCE SET-UP



STUDENT LOUNGE 5TH FLOOR



Request for A/V Set-up

Event Name: _____

Presenter: _____

Main Contact No.: _____

Contact e-mail: _____

Event Date: _____ Time/Length: _____

Amount Available	Item	Quantity
2	Hand-Held Wireless Mic -- Auditorium only	Circle only one:
2	Wireless Lavalieri -- Auditorium only	2 hand-held 2 lavaliers 1 hand/1 lavalier
8	Vocal Mic	Circle as needed (see map): (shown as stars)
1	16 Channel Mixer	Atrium: #1 #2 #3 Mic: a b c
1	8-channel Self-Powered Mixer with 2 speakers	Student: #1 #2 #3 Lectern:
1 set	Self-powered Speakers w/built-in CD and mic inputs	a b c
1 set	Single Self-powered Speakers w/mic input	Stage Lecture
8	Tri-pod Mic Stands	Hand-Held Wireless (choose one or two areas only):
4	Round-based Mic Stands	a b c d e f g h k
8	Table-top Mic Stands	sm-58 (depending where, will need wires tacked down):
1	Portable Lectern	a b c d e f g h k
1	Flat Screen Monitors***	Lectern:
5	DVD/VCR Deck***	a b c d e f
4	Data Projectors***	
1	Digital Presenter***	

*** need assistance for set-up and break-down only thru-out entire event

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 BCC-AV Department (BCC-AV@peralta.edu)**