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: kemishajames@peralta.edu

TYPE OF ACTIVITY REQUESTED:

☐ Event
☐ Tabling
☐ Meeting
☐ Class/Instruction
☐ Other: __________

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: ( ) __________
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: ________________________________ Date: ________________

Print Name of Administrator: ________________________________

If denied, reason: ________________________________
**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 ______

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

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**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.:**

**Contact e-mail:**

**Event Date:**

**Time/Length:**

<table>
<thead>
<tr>
<th>Amount Available</th>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Hand-Held Wireless Mic -- Auditorium only</td>
<td>Circle only one: 2 hand-held</td>
</tr>
<tr>
<td>2</td>
<td>Wireless Lavaliere -- Auditorium only</td>
<td>2 laviers</td>
</tr>
<tr>
<td>8</td>
<td>Vocal Mic</td>
<td>1 hand/1 lavaliere</td>
</tr>
<tr>
<td>1</td>
<td>16 Channel Mixer</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>8-channelSelf-Powered Mixer with 2 speakers</td>
<td></td>
</tr>
<tr>
<td>1 set</td>
<td>Self-powered Speakers w/built-in CD and mic inputs</td>
<td></td>
</tr>
<tr>
<td>1 set</td>
<td>Single Self-powered Speakers w/mic input</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Tri-pod Mic Stands</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Round-based Mic Stands</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Table-top Mic Stands</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Portable Lectern</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Flat Screen Monitors***</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>DVD/VCR Deck***</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Data Projectors***</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Digital Presenter***</td>
<td></td>
</tr>
<tr>
<td>***</td>
<td>need assistance</td>
<td></td>
</tr>
</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 BCC-AV Department (BCC-AV@peralta.edu)***