MCC Mohave Community College

Facility Use Request

☐ BHC ☐ LHC ☐ NCK ☐ NMC ☐ Multiple

Event Date | Event Name | Requesting Organization/Department

Event Start Time | Event End Time | Arrival Time | Departure Time | # Attendees | Fee Schedule

I: MCC or College Affiliate

Point of Contact Name | Point of Contact Phone Number | Point of Contact Email Address

---

Type of Facility Requested

Select One

Room # if known

Facility Assigned (for office use only)

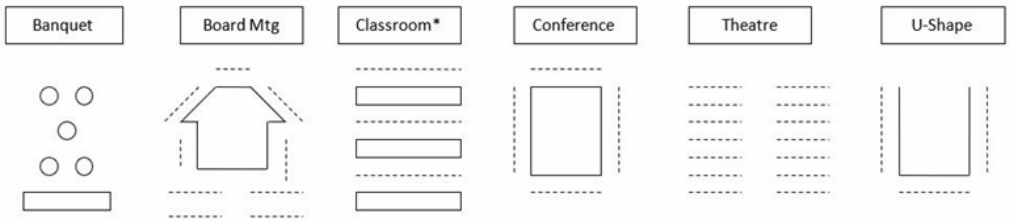
Event Description:

No — Minors?

Select — Food?

Requested Room Set-Up:

Other (attach diagram separately)



Requested Equipment: *a small fee may be assessed for items or services (technicians) outside of normal business hours

☐ Presenter Podium (computer & projection)
☐ Microphone/Speakers
☐ Stage
☐ Television or Monitor
☐ Whiteboard(s)
☐ Overhead Projector
☐ DVD Player, VCR
☐ Conferencing (Video/Audio)
☐ Other

Date:

Date:

(For office use only) Prepared/Reviewed by: