



Independence

COMMUNITY COLLEGE

Room Scheduling Request - Main Campus

Name: _____ Today's Date: _____
Individual

Phone: _____ E-mail address: _____

Billing Address: _____

Date(s) Room Needed: _____ Type of Activity: _____

Set-up Time & Date: _____ Clean-up Time & Date: _____

Group: _____ Number of Persons: _____

Room Requested:

RENTAL CHARGES

Facilities		Daily Rate	Subtotal Charges
Fireside Room	\$ 100.00	Fieldhouse	\$ 100.00
Inge Theatre	\$ 150.00	Classrooms & Conference Rooms	\$ 50.00
Technician Fee	\$ 50.00		

Total Event Charges \$

Notes for meeting/function:

Cancellation of Room Reservation(s):

Name of person cancelling reservation: _____ Date of cancellation: _____

Signature of person cancelling reservation: _____