Facility Use Application-Internal Group

Complete all applicable sections and return form to facilitiesres@go.mcdowelltech.edu

Name of Group:

Contact Name: _____   Title: _____

Email Address: _____   Phone #: _____

Type of Facility Requested: _____

# of Attendees expected: _____

Event Name: _____

Event/Meeting Dates: _____   Meeting time: _____ to _____

Event Description: _____

Technology Needs:

☐ Data Projector   ☐ Microphone/Sound System

Maintenance Needs:

- -

This section to be completed by MTCC Business Office

Building(s) Assigned: _____

Room(s) Assigned: _____