

FACILITY/EQUIPMENT REQUEST
To be completed by Requester at least two weeks in advance
(PLEASE TYPE & SUBMIT ORIGINAL FOR PROCESSING)

Campus Safety Department
954.201.HELP (4357)

A. Hugh Adams Central Campus
3501 S.W. Davie Road,
Fort Lauderdale, FL 33314
954-201-6624

Judson A. Samuels South Campus
7200 Pines Blvd.,
Pembroke Pines, FL 33024
954-201-8803

North Campus
1000 Coconut Creek Blvd.,
Coconut Creek, FL 33066
954-201-2402

Willis Holcombe Center
225 East Las Olas Blvd.,
Fort Lauderdale, FL 33301
954-201-7396

Coral Springs Academic Center
3500 N. University Drive,
Coral Springs FL 33065
954-201-2952

Maroone Automotive Training Center / Marine Center of Excellence
7451 Riviera Blvd.,
Miramar, FL 33023
954-201-8601

Miramar Town Center
2050 Civic Center Place,
Miramar, FL 33025
954-201-8662

Pines Center
16957 Sheridan Street,
Pembroke Pines, FL 33331
954-201-3610

Tigertail Lake Recreational Center
580 Gulfstream Way,
Dania Beach, FL 33004
954-201-4500

Cypress Creek Admin Center
6400 N.W. 6th Way
Fort Lauderdale, FL 33309
954.201.----

Miramar West Center
1930 SW 145th Avenue
Miramar, FL 33027
954-201-8448

Weston Center
4205 Bonaventure Blvd.,
Weston, FL 33332
954-201-3610

SECTION I

Requesting Organization: _____ Date: _____
 Requesting Representative: _____ Telephone No.: _____
 Mailing Address: _____ City: _____ State: _____ Zip Code: _____
 Purpose of Meeting: _____
 Request use of: FACILITIES: Date(s): _____ Time(s): _____
 Request use of Bldg. # _____ Room No.: _____ to accommodate _____ persons.
 If set up is needed please SPECIFY number of each, and provide a diagram, etc. (or set up will not be done!): Stage Tables Chairs Plants

Equipment: Podium Microphone Screen Projector Speakers Sound System Other (Please SPECIFY number of each)

Request additional services: Custodians Maintenance Safety/Resource Officers (specify #1,2,3, etc.) Campus Technology
 Number of hours for each: _____ To Begin a.m. p.m. End a.m. p.m. _____
 Is the meeting or function open to the general public? No Yes Is your organization non-profit? No Yes
 If yes, please provide proof of non-profit certification. ID: _____
 Will an admission fee be charged or donations accepted? No Yes If yes, please explain for what purpose. _____

Will food or beverages be consumed during the course of your meeting? No Yes (Please specify arrangements, if any) Garbage Bins Recycle Bins

ALL ADVERTISING OF EVENTS HELD ON CAMPUS MUST INCLUDE ORGANIZATION TELEPHONE NUMBER

****HOLD HARMLESS AGREEMENT****

Each requesting agency shall be required to acknowledge the following: Requester acknowledges that requester will be solely responsible for the requested premises for the requested period. Requester agrees to indemnify and hold harmless Broward College, its Trustees, officers, employees and agents from all claims for damages arising from and during Requester's occupation of the premises, including reasonable attorney's fees and other costs arising from any litigation. Requester further agrees to notify Broward College promptly should any claim arise or be threatened and to defend any claim so arising.
 I have read and I agree to the terms and conditions printed in this document.

Signature of Requester/Sponsor _____

SECTION II (TO BE COMPLETED BY THE BUSINESS DEAN'S OFFICE)

Proof of Insurance Required: Yes No Copy attached: Yes No

Building and room assigned: _____	CCN: _____	GLC _____	\$ _____	Billable <input type="checkbox"/>
Equipment provided: _____	CCN: _____	GLC _____	\$ _____	<input type="checkbox"/>
	CCN: _____	GLC _____	\$ _____	<input type="checkbox"/>
Personnel Provided:	CCN: _____	GLC _____	\$ _____	<input type="checkbox"/>
Custodians <input type="checkbox"/>	CCN: _____	GLC _____	\$ _____	<input type="checkbox"/>
Maintenance <input type="checkbox"/>	CCN: _____	GLC _____	\$ _____	<input type="checkbox"/>
Safety/Resource Officers <input type="checkbox"/>	CCN: _____	GLC _____	\$ _____	<input type="checkbox"/>
Campus Technology <input type="checkbox"/>	CCN: _____	GLC _____	\$ _____	<input type="checkbox"/>
Other <input type="checkbox"/>	CCN: _____	GLC _____	\$ _____	<input type="checkbox"/>
			Taxes (6%) \$ _____	
			TOTAL \$ _____	

Approved by: _____ Date _____ (Fee determined by Campus President or Business Dean)

_____ Date _____

Fees Received by Cashier _____
Date _____

Copies of this approval have been forwarded to:

- CAMPUS TECHNOLOGY REGISTRAR'S OFFICE FOOD SERVICE BUSINESS AFFAIRS SAFETY PHYSICAL PLANT GYM/ATHLETIC DIR ENERGY MANAGEMENT CUSTODIAL

RENTAL OR USAGE FEE SCHEDULE

(A surcharge of \$125 may be applied)

AQUATIC COMPLEX

FEES

Fees per day or evening	Quote upon request
By College Student Organization or Association	NO FEE
For College Administrative Facility Activities	NO FEE
Swim Meets per day	Quote upon request

FACILITIES

Small Meeting Room (70 or less capacity)	Quote upon request
Large Meeting Room (75 or more capacity)	Quote upon request
Gymnasium	Quote upon request
Rehearsal Practice Room	Quote upon request
Classroom	

ATHLETIC AREAS

Tennis Court	Negotiable
Baseball Field	Negotiable

AUDIO VISUAL & TECHNOLOGY

Campus Technology Specialist	(See Fee Schedule)
Audio Visual Equipment	(See Fee Schedule)

Additional services will need to be evaluated by the respective Campus Technology Department. A minimum two-week notice is required for technology requests.

SUPPORT & ADDITIONAL SERVICES

Detail Officer	Current Contract Rate
Campus Safety	Quote upon request
Custodial Services	Current Contract Rate
Air Conditioning: Small Meeting Room (70 or less capacity)	Quote upon request
Large Meeting Room (75 or more capacity)	Quote upon request
College Student Organization or Association	NO FEE
College Administrator of Faculty Activities	NO FEE

INSTRUCTIONS FOR ALL REQUESTERS

1. Call Business Dean's office to confirm date/room availability and to receive Facility/Equipment Request Form.
2. Return completed form to the Business Dean's office **two weeks before** event; include Certificate of Insurance (where necessary) with a \$1,000,000 minimum coverage, note Broward College as 'Additional Insured' on certificate as well as the event date(s), and a check covering special fees and any special requests.
3. Original copy of this form will be forwarded to the requester as verification. A copy must be available for presentation to Campus Safety at time of meeting.

TERMS AND CONDITIONS FOR USE OF BUILDINGS AND FACILITIES

1. Applications for use of building facilities must be received by the Dean of Business Affairs at least two weeks prior to date building and facilities will be used.
2. Payment of fees and charges must be paid at the Cashier's Office at least two weeks prior to the event.
3. The user of college buildings and facilities will be financially responsible for all damage to property or injury to persons arising out of the use permitted. Users are responsible for the prompt return of any and all equipment provided.
4. Kitchen facilities are not available except through the Food Services concessionaire.
5. Right is reserved by the Board of Trustees to revoke any such permit, without liability, should such action be deemed necessary or desirable.
6. No alcoholic beverages are allowed on campus without Board approval.
7. Rooms with specialized equipment may require technical personnel. Need for such personnel shall be at the sole discretion of the College.
8. No Pyrotechnics and no smoke maker machines are allowed in the rooms.
9. All activities with food and/or beverage are required to have both a recycling and trash container
10. A minimum of two days' notice is required for event cancellation. Rental fee will be refunded for cancelled events that are due to acts of nature, or other unforeseen circumstances. Insurance fee, where applicable, is non-refundable.

TYPES OF ACTIVITIES PROHIBITED

1. Any activity in conflict with college activities.
2. Fund-raising campaigns except as permitted by Board policy or special action of the Board of Trustees.
3. Any activity permitting games of chance or gambling.
4. Promulgating any theory or doctrine subversive to the laws of the United States or any political subdivision thereof advocating governmental change by violence.
5. Any activity that may violate the canons of good morals, manners or taste, or be damaging to the buildings, grounds or equipment.

NO SMOKING, EATING OR DRINKING IN CLASSROOMS, HALLWAYS OR THEATERS - NO ALCOHOLIC BEVERAGES ARE ALLOWED - NO PYROTECHNICS OR SMOKE MAKING MACHINES ARE ALLOWED ON PROPERTY

EQUAL ACCESS/EQUAL OPPORTUNITY INSTITUTION

PRO-1 (Rev. 07/15)