

**EDISON STATE COMMUNITY COLLEGE  
FACILITY USE REQUEST FORM**

**This form needs to be filled out and sent or emailed to Helen Willcox, [hwillcox@edisonohio.edu](mailto:hwillcox@edisonohio.edu), Room 161, to reserve college facilities. Confirmation of room assignments will be sent by inter-office mail and/or email.**

NAME \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

ACTIVITY DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_

DATE(S) REQUIRED: \_\_\_\_\_

OVERALL TIME REQUIRED: \_\_\_\_\_ ACTUAL START TIME: \_\_\_\_\_

ACTUAL ENDTIME: \_\_\_\_\_

NUMBER ATTENDING: \_\_\_\_\_

If this event is sponsored or hosted by ESCC, who will be serving as host?  
\_\_\_\_\_

Should the event be listed on the online Edison State Events Calendar? \_\_\_\_\_ No \_\_\_\_\_ Yes

**FACILITIES REQUESTED:**

_____ Atrium	_____ Gymnasium (only)	_____ Pavilion (Full)
_____ Classroom(s) _____	_____ Convocation Center	_____ Pavilion (Part)
_____ Emerson Center Lobby	_____ Exercise Room	_____ Theater
_____ Cafeteria	_____ Robinson Conference	_____ Hallway
_____ The Hub	_____ Other _____	

Maintenance Set-up Requirements: (Type Requirements, Block will expand as you type)

**PLEASE NOTE: It is your responsibility to email the helpdesk at [support@edisonohio.edu](mailto:support@edisonohio.edu) for ALL Audio/Visual or IT needs.**

**Contact AVI for any catering services that you need.**

(College Use Only – Do Not Write Below This Line)

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Room(s) Assigned:  
\_\_\_\_\_

CC:	Maintenance (2) Tucker Schneider	AVI Bruce Jamison	Information Desk Originator
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**Note:** Make your event **successful** and **easy** by using the timeline created by the CQI External Events Planning Team. A copy of the timeline can be found online at [www.edisonohio.edu](http://www.edisonohio.edu); Quality Initiatives/AQIP; CQI Process Quality; Process Manual.