



Request for Use of Facilities and Food Services

Date _____ Res # _____

Outside Organization/NMCC Department _____ Account No. _____

Billing Address _____

Contact Name _____ Phone _____ Email _____

Event Name _____ Guest Count _____

Date(s) of Event _____ Start Time _____ End Time _____

Room(s) Requested _____

Food Service *(check all that apply)*

- Breakfast Snacks Delivery Custom Catering
- Lunch Beverage Service Cash Bar All-day Package
- Dinner Reception Open Bar Other

Start Time _____ End Time _____ for _____ (service ordered)

Start Time _____ End Time _____ for _____ (service ordered)

Start Time _____ End Time _____ for _____ (service ordered)

Menu/Instructions _____

Audio | Visual | Technology *(check all that apply)*

- Edmunds Video Wall Gym Video Wall Laptop Tech Support
- Projector/Screen PA System/Microphone Conference Phone Internet/Wifi
- Videoconferencing (Zoom Teams Other _____)

Instructions _____

(If you are using your own equipment, please specify what it is and how you need it to integrate with NMCC equipment.)

Room Set Up *(check all that apply)*

- 6' Round Tables (9-10 chairs max) U-shape Table Linens Exterior Signs
- 8' Rectangle Tables (8 chairs max) Square Stage Interior Signs
- Tall Cocktail Tables Classroom Style Podium Other
- Rows of Chairs See attached diagram

Instructions _____