

INTER CLUB COUNCIL

Foothill College • 12345 El Monte Road • Los Altos Hills • CA 94022-4599 • Telephone: (650) 949-7060

Quarterly Club Meeting Room Request

This form must be filled out completely with all required signatures. Please request a classroom, as the Campus Center meeting rooms are not intended for weekly club use but for an emergency/one time per quarter or event room, unless your advisor is a Campus Center employee. Submit requests at the beginning of each quarter. Bookings are confirmed after week two (2) of the quarter after classrooms and classes are finalized. Requests for room reservations made later in the quarter typically take a few days. Please note there is no food allowed in the classrooms and advisors need to unlock and lock the door and clubs need to leave the room how they found it and tidy up after meetings. Clubs do not have to pay for fascilities rentals. The Club Center, Campus Center Room 2010 is first com, first served.

| A) Club Info. : | Quarter/Year: | | | | |
|--|--------------------|---------------|-----------------------|---------------------|-------------------------------|
| , | (| Club Name | | _ | |
| CC Representative (please print) Phone # | | | Email | | |
| B) Club Faculty/Stagrees to be present on-campus for advisors are required to be present | duration of meetin | | oom the whole time, i | if in the 6000's | s and most rooms. For events, |
| Print | Signature | | Date | | |
| C) Meeting Room | | | _ | | |
| Approx. # of Attendees | Day of the Week | | Start Time | | End Time |
| Schedule: Weekly (Circle One) | Bi-weekly | Monthly | Bi-monthly | Other: (Specify) | |
| Preferred Room: | | | Alternate 2: | | |
| EMERGENCY ROON If checked, please indicate | | | | | |
| | | | | | |
| | For | R ADMINISTRAT | IVE USE ONLY: | | |
| Student Activities Staff | | | | | |
| | | | Room # Approved: | | |
| Signature | | Date | | | |