



South Orange County Community College District
SADDLEBACK COLLEGE

Master Calendar Request College Applicant

Date: ~~AAA~~ _____

- Fill out form completely.
- Send request to the Master Calendar Office, AGB Lobby, **TWO WEEKS** prior to date of requested use. Your copy will be returned after the approval signature(s) have been secured.
- Necessary work orders for operational support and requests for security/parking are your responsibility. Send requests for work orders to Maintenance, Operations & Support Services (x 4880) and security/parking requests to Campus Safety & Security (x 4585).
- Guest speakers sponsored by ASB Clubs need approval by the Vice President for Student Services.

SPONSOR/DIVISION: _____

DATE(S) OF EVENT: _____

DAY(S) OF EVENT: _____ TIME: _____ To: _____

APPLICANT: _____ PHONE: _____

ADMINISTRATOR'S SIGNATURE: _____ PHONE: _____

CLUB ADVISOR'S SIGNATURE: _____ PHONE: _____

NATURE OF EVENT (Describe fully and include name(s) of guest speaker(s): _____

Refreshments: YES NO Number of Participants: _____ Admission: YES NO

LOCATION OF FUNCTION

Business/General Studies: _____ Science/Math/Engineering: _____

Fine Arts: _____ Student Services Center: _____

Library: _____ Adv. Tech & Applied Science: _____

McKinney Theatre: _____ Quad or Parking Lot: _____

Physical Education: _____ Other: _____

Fees:	
Room Rental	_____
Security	_____
Custodial	_____
Other	_____
Total Fees	_____

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Signature	_____
	Vice President for Instruction
Date:	_____