

# ASSOCIATED STUDENTS OF IRVINE VALLEY COLLEGE STUDENT ACTIVITY/EVENT REGISTRATION

(THIS REQUEST FORM MUST BE COMPLETED AT LEAST FOUR (4) WEEKS PRIOR TO SCHEDULED ACTIVITY/EVENT)

Date: \_\_\_\_\_ Name of individual or club/organization: \_\_\_\_\_

Registered By: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Advisor: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Hours of Event: \_\_\_\_\_

Location: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

Food Day Requested: \_\_\_\_\_ Number of People Expected: \_\_\_\_\_

*THE COLLEGE REGULATIONS REQUIRE AT LEAST ONE SUPERVISOR TO ATTEND EACH  
EVENT. SOME EVENTS MAY REQUIRE MORE, DEPENDING ON THE SIZE (SEE ASIVC BYLAWS).*

Supervisor(s) Attending: \_\_\_\_\_  
Name Position Held Contact Number

I represent the club/organization sponsoring this event and I accept the responsibility for this registration. I understand that the club/organization and its officers are responsible for the adherence to all Irvine Valley College and South Orange County Community College District regulations and policies by members and guests.

\_\_\_\_\_  
Name/Signature Position Held Date

*Please return this completed form to the Student Life Office.  
(Located in the Student Services Center, Room # 260)*

**(FOR OFFICE USE ONLY)**

Activity/Event Approved: \_\_\_\_\_ Food Day Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_ DATE: \_\_\_\_\_

**IRVINE VALLEY COLLEGE**  
**Facilities and Maintenance Department**  
**5500 Irvine Center Drive, Irvine, CA 92618**  
**Phone: 949.451.5255    Fax: 451-5392**  
**MAINTENANCE@IVC.EDU**

## **EVENT SETUP REQUEST FORM**

### **WORK ORDER #**

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Today's Date:

Requestor/Contact Name By:

Phone, Ext. & Fax:

Email:

### **Event Day(s) Information**

Event Name:

Event Date:

Event Time:

Time to Complete Setup:

Time to Tear Down Setup:

Location:

### **Equipment Requirements**

- |                       |                   |  |
|-----------------------|-------------------|--|
| <input type="radio"/> | Tables            | #:   |
| <input type="radio"/> | Chairs            | #:   |
| <input type="radio"/> | Canopies          | #:   |
| <input type="radio"/> | Stage-Size        |  |
| <input type="radio"/> | Trash Receptacles | #:   |
| <input type="radio"/> | Podium            |  |
| <input type="radio"/> | Sound System      | *Contact Media Services at x5265   |
| <input type="radio"/> | Custodial Support | Overtime/holiday pay is at your department expense. Any associated costs will be charged back to the user. |
| <input type="radio"/> | Other:            |  |

***Note: We are unable to provide table covers. If provided, we will include this in the setup.***

**Provide a description of the event layout or down plan. Attach a sketch of setup.**