

Berkeley City College

Campus Activity Proposal Form

This form shall be used for all approved student organizations, faculty & staff.

PLEASE READ BEFORE COMPLETING THIS FORM:

TUDE OF ACTIVITY DECLIECTED

- 1. Please check the date availability of your desired activity by visiting our Berkeley City College website event calendar; a request does not guarantee a reserved space.
- 2. Your request <u>must be submitted 4 weeks</u> prior to the date you desire or the activity cannot take place.
- **3.** Please make sure you have <u>obtained all approvals/signatures</u> prior to submitting this request. Your request will not be considered unless you have all the required signatures.
- **4.** Please attach a short summary of the activity or event you are requesting.
- 5. <u>Please do not assume your request is approved until you have received confirmation that it has been approved.</u> Therefore, please do not advertise, book speakers, or make arrangements until then.

RETURN THESE FORMS TO: Office of Student Activities & Campus Life Room 151 (510) 981-5012 email: bcc-campuslife@peralta.edu

 Event Tabling Meeting Class/Instruction Other: 	Name of activity: Brief description of activity: (attack sheet if needed)	ı additional
LOCATION :		
□ Atrium □ Auditorium	□ Student Lounge 5 th floor □ Classroom □Welcom	e Center
	Will you require audio visual, IT support, or	custodial
assistance? □ YES* □ N	_	
*If yes, please fill out atta	ched request forms	
DATE & TIME REQUI	CSTED:	
Day of week:	Date:	
Prep time before:	am/pm. (Includes decorating, displays, hanging	gs, etc.)
Beginning time:	am/pm. End time: am/pm. You ha	ave up to 1
hour to remove all decord	tions; it is your responsibility and we are not respons	ible for
any lost, stolen, or damag	ed items before, during, or after your activity/event.	
Comments:		
REQUESTOR INFORM	IATION:	
□ Student Organization	[•] □ Faculty □ Staff	
*For student Organizatio	ns, please fill out the "student organization" section o	on the next
page		
Name of requestor:	Student ID#:	
		TS ONLY)
Requestor signature:	Date:	
Email (required):	Phone number: ()	

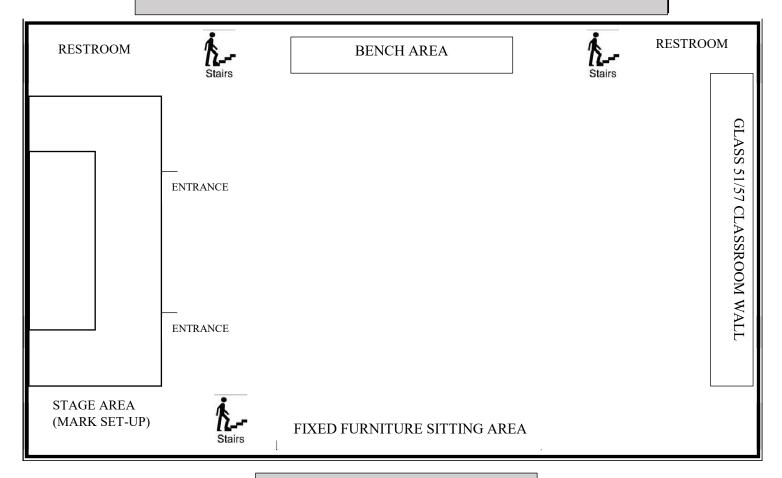
APPROVAL PROCESS

FACULTY/STAFF ONLY:				
Please have your administrator sign and date below upon	their approval.			
Administrator name (PRINT):	Dept			
I hereby approve the activity requested by the faculty/staff pe	rson listed on this request form.			
Administrator signature:	Dept			
STUDENT ORGANIZATIONS				
1. Faculty Advisor Approval: By signing this request you are indicating your appropriate present at the event and that you have read and confine out correctly. Failure to follow procedures, timelines information, may lead to disapproval of the event. Last possible and requests must be submitted 4 weeks priomay be denied.	med that the application is filled and filling in necessary at minute changes may not be to the requested activity or it			
Faculty advisor name:(PRINT LEGIBLY)				
Faculty advisor signature:	Date:			
Faculty advisor email: Advisor phone: ()				
FOR OFFICE USE ONLY	Date/location available and			
□ Approved □ Denied	reserved on calendar by:			
Date:	Campus Life Staff:			
Signature of administrator	Name:			
Name of administrator (PRINT):	Signature:			
If denied, reason:	Date:			

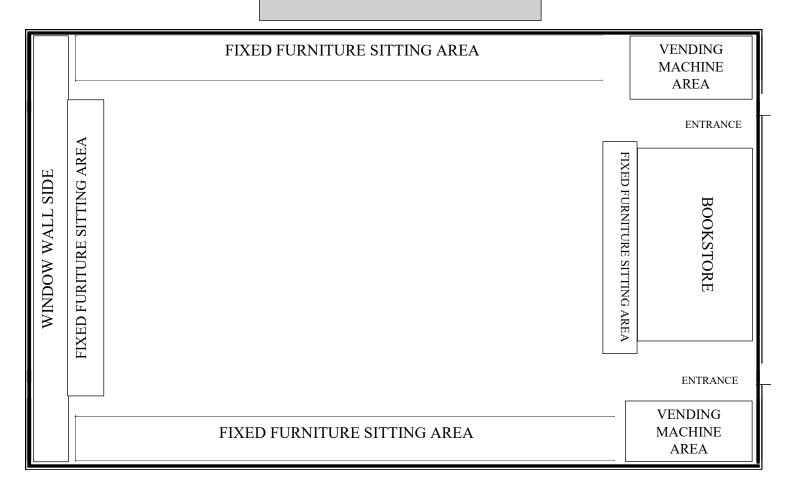
Name of activity:		Date/time of activity:		
	ATRIUM SET-	UP REQUEST		
CUSTODIAL:				
We currently have the		ilable. Please list below what you'll need. hairs (please inquire regarding easel availability).		
Number of podiums:		Number of tables:		
Number of chairs: Comments:				
AUDIO VISUAL/IT:		etween 12:15 – 1:15 Monday – Friday)		
Regular microphones				
		# on table		
*PLEASE FILL IN A	ATTACHED DIAGRAM	I FOR YOUR DESIRED SET UP		
	AUDITORIUM SE	T-UP REQUEST		
-		ilable. Please list below what you'll need. chairs (please inquire regarding easel availability).		
Podiums on stage:		Tables on stage:		
Chairs on stage: Comments:				
Auditorium outside/e	entrance request:			
Tables outside/entrar		Chairs outside/entrance:		
AUDIO VISUAL/IT:				
Cordless microphone				
# on stand	_	# on table		
Regular microphones				
# on stand	# on podium	# on table		

^{*}PLEASE FILL IN ATTACHED DIAGRAM FOR YOUR DESIRED SET UP

ATRIUM/BASEMENT LEVEL & AUDITORIUM/ENTRANCE SET-UP



STUDENT LOUNGE 5TH FLOOR



BCC-AV@peralta.edu

REQUEST FOR A/V SET-UP

Event name:	
Presenter:	
Contact email:	
Contact number: ()	
Event date:	Time/length:

Amount available	Item	Quantity		
2	Hand-held wireless mic – Auditorium only		Circle only one:	
2	Wireless lavalier – Auditorium only		2 hand-held 2 lavaliers 1 hand/1 lavalier	
8	Vocal mic			
1	16-channel mixer		Circle as needed (see map):	(shown as stars)
1	8-channel self-powered speakers w/ 2 speakers		Atrium: #1 #2 #3 Student: #1 #2 #3	Mic: a b c Lectern: a b c
1 set	Self-powered speakers w/ built-in CD and mic inputs		Student: #1 #2 #3	Lectern: a b c
1 set	Single self-powered speakers w/ mic input			
8	Tri-pod mic stands		Stage lecture	
4	Round-based mic stands			
8	Table-top mic stands		Hand-held wireless (choose one or two areas only): a b c d e f g h i j k Sm-58 (depending where, will need wires tacked	
1	Portable lectern			
1	Flat screen monitors***		down): a b c d e f	a hiik
5	DVD/VCR deck***		Lectern:	5 11 1 J K
4	Data projectors***		a b c d e f	
1	Digital presenter***			
***	Need assistance	□for set-up and break	 k-down only □thru-out ent	ire event

Performances – should request at least two weeks ahead. At least one week prior to performance, a face-to-face meeting (about 1hr+) is necessary for optimal service. Depending on complexity of set-up, should be at site 3hrs+ before show time.

Lectures and Recitals – should request two weeks ahead. On day of, please meet on site 1hr+ prior to event.

If your set-up differs from designated areas already established please use the blank space on page.

***For video-taping event, contact BCC-AV department (BCC-AV@peralta.edu)