

FACILITIES

IVY TECH NORTHWEST ~ FACILITIES USE REQUEST FORM
(FOR COMMUNITY GROUPS AND OUTSIDE ORGANIZATIONS)



Campus: ___ Gary ___ East Chicago ___ Valparaiso ___ Michigan City

Organization/ Group Name:

Date(s) requested: _____ **Time(s) requested:** _____

Contact Name: _____

Address: _____

Phone #: _____ **Fax # :** _____

Estimated # of people attending: _____ **Special Equipment Needs:** _____

Signature of Group/ Organization Representative **Date**

Either a Certificate of Liability must be provided or a Liability Waiver must be signed in order for this request to be approved
Please attach one of the two documents to this form before forwarding to the campus Dean or Chancellor for approval

APPROVED: _____ **DISAPPROVED:** _____
Ivy Tech Staff who is scheduling the use of facilities **Date**

Room assigned: _____

APPROVED: _____ **DISAPPROVED:** _____
Campus Dean or Chancellor, or approved designee **Date**