

Student Request Form

Event Date: _____

Event Title: _____

Event Start Time _____ End _____

Number Expected: _____

Event Description:

Campus Space Requested:

Contact Person: _____ Phone: _____

MyPCC Email: _____

A/V Needs (e.g., Microphone, podium, projector etc.) _____

Additional tables, chairs, furniture or other fixtures requested _____

Will you be serving food? Yes _____ No _____

If yes, have you contacted PCC Food Services? (503-977-4316 or jsanchez@pcc.edu)

Is this a Chartered PCC Student Club? Yes _____ No _____

Club Coordinator Signature: _____