

REQUESTED BY

**ADDRESS** 

PHONE NUMBER

NAME OF ORGANIZATION

DATE(S) ROOM(S) REQUESTED

## Facility Room Rental and Fee Request Form

DATE

NON-PROFIT

FOR-PROFIT

CITY/ZIP

**EMAIL ADDRESS** 

Office of Facilities Management Phone (405) 682-1611 Ext. 7554 | Fax (405) 682-5862 rentals@occc.edu

STATE

**FEDERAL** 

OTHER

STATE

PURPOSE OF USE						
PROJECTED ATTENDANCE				WILL ATTENDEES BE CHARGED A FEE TO ATTEND? YES NO		
oom(s) Requested	d (check th	ne setup style for ea	ach room re	quested - OCC=m	nax occupancy)	
COLLEGE UNION 1 1,490 SF / OCC: 70	REQUESTED	SETUP	A/V NEEDED	START TIME	END TIME	
COLLEGE UNION 2 1,495 SF / OCC: 70	REQUESTED	SETUP	A/V NEEDED	START TIME	END TIME	
COLLEGE UNION 3 2,225 SF / OCC: 90	REQUESTED	SETUP	A/V NEEDED	START TIME	END TIME	
GENERAL DINING AREA 7,195 SF / OCC: 618	REQUESTED	SETUP	A/V NEEDED	START TIME	END TIME	
RAISED DINING AREA 2,065 SF / OCC: 90	REQUESTED	SETUP	A/V NEEDED	START TIME	END TIME	
CLASSROOMS VARIABLE	REQUESTED	# OF CLASSROOMS	A/V NEEDED	START TIME	END TIME	
LIBRARY 407A/B 1420 SF / OCC: 75	REQUESTED	SETUP	A/V NEEDED	START TIME	END TIME	
Additional Resour	ces <u>Cate</u>				nust utilize OCCC Dining Services. d unless authorized by OCCC.	
ADDITIONAL EQUIPMENT NEEDED YES NO		IF YES, PLEASE SPECIFY (PODIUMS, MICROPHONES, LINENS, ETC.)				
CATERING NEEDED? YES	NO	IF YES, PLEASE SPECIFY				
COMMENTS/SPECIAL RE	QUESTS					