



APPLICATION for DISTRICT FACILITY USE

Permittee/Lessee

CIVIC CENTER FACILITIES LEASING

900 Otoy Lakes Road * Chula Vista, CA 91910

Phone: 619-482-6319 * Fax: 619-482-6592

CCFL Use Only

FUNO #	
Received	
Approved	
Denied	

(Application Fee of \$50.00 due at the time of submission. Application Fee will be credited towards event cost.)

Credit Card Authorization Form below

All fields must be filled out in order for request to be processed

Name (Requestor):				Application Date:		
Phone Number:			Fax Number:			
Email Address:						
Organization:						
Organization Address:						
Organization Tax Status:	<input type="checkbox"/> Profit	<input type="checkbox"/> Non-Profit	Non-Profit I.D. #			
Permittee Name:						
Event Title:						
Event Description & Purpose:						
Facility Venue Request:				Please specify Room/Bldg. Number (If known):		
Please indicate the date(s) of your event:						
Event Start Time:		Event End Time:		Group Entrance Time: (Start)		Group Exit Time: (End)
How many attendees are expected?						
Please describe your requested venue setup (Be Specific): <i>Please include number of tables, chairs & equipment</i>						
Please check any audio/ visuals you will need for your event: (Note: Some equipment may not be available for some events and/or dates)						
<input type="checkbox"/>	Podium	<input type="checkbox"/>	Television	<input type="checkbox"/>	VCR	
<input type="checkbox"/>	Video/ Data Projector	<input type="checkbox"/>	Overhead Projector	<input type="checkbox"/>	DVD	
<input type="checkbox"/>	Flip Chart(s) # _____	<input type="checkbox"/>	Handheld Microphone	<input type="checkbox"/>	Tabletop Microphone	
<input type="checkbox"/>	Portable P/A System	<input type="checkbox"/>	CD Player	<input type="checkbox"/>	Laptop	
<input type="checkbox"/>	Portable Screen	<input type="checkbox"/>	Piano	<input type="checkbox"/>	Other:	
Does your event require any of the following: <input type="checkbox"/> YES <input type="checkbox"/> NO						
<input type="checkbox"/>	Stage	<input type="checkbox"/>	Risers	<input type="checkbox"/>	District Catering	
<input type="checkbox"/>	Lighting (Theatre/Parking Lots)	<input type="checkbox"/>	Scoreboard/Pressbox	<input type="checkbox"/>	Trash Receptacles	
<input type="checkbox"/>	Locker/Team/Green Rooms	<input type="checkbox"/>	District Concessions	<input type="checkbox"/>	Other:	
Please Note: Fees for Custodial & Auxiliary Services will apply for all contracted events (No Fee Waivers) ** <u>Liability Insurance</u> is required for all of contracted events						
Special Instructions:						

*Please print, scan & email this form to: swcfacilitiesrental@swccd.edu

*Please print & mail this form to the address above: **ATTENTION: Civic Center Facilities Leasing-Office 1633**



Civic Center Facilities & Leasing
900 Otay Lakes Road
Chula Vista, CA 91910
(619) 482-6319

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Southwestern Community College District-Civic Center Facilities & Leasing Department** to make a one-time debit to your credit card listed below to be applied to the SWC Civic Center Facilities & Leasing Agreement/Invoice for event reservation & related services.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____, a representative of _____ authorize
 (Full Name) (Organization Name)

SWC Civic Center Facilities & Leasing to charge my credit card account indicated below for _____ on or
 (Amount)

after _____. This payment is for _____.
 (Date) (Description of goods/services)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MasterCard, 4 digits on front of AMEX) _____

AUTHORIZED SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

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