GRAYSON COUNTY COLLEGE FLEX AND SPECIAL EVENT FORM ADULT-VOCATIONAL/COMMUNITY SERVICE

SEMESTER	DATE OF REQUE	EST
TITLE OF COURSE		
COURSE PREFIX/NUMBER		FEE \$
NO. OF SESSIONS NO. HC		
START DATE	END DATE	
LOCATION		
TIME (to open & close building and/or room)		
SUPPLIES NEEDED FOR CLASS:		
CDECIAL INCEDITATIONS.		
DESCRIPTION OF PROGRAM: (NEW COURSES ONLY)		
INSTRUCTOR:	SS#	
	PHONE:	
WILL RELOCATION OF FURNITURE BE REC	OUIRED?	If yes, what or where? (Specify exact
arrangement. Additional charge for rearranging furniture. Use back of this page for detailed arrangement.)		
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EQUIPMENT REQUESTED: (Public address system, T.V. VCR) Please submit 2 weeks prior to event.		
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WILL MAINTENANCE, CAFETERIA, SOUND/LIGHTING TECH., OR SECURITY BE REQUIRED?		
Please circle all that apply and note outline or requirements.		
REQUESTED BY:	_ DIVISION & PHONE	:
COMMENTS:		
"As the responsible sponsor of this event, I fully understand and agree that the use or possession of drugs or alcoholic		
beverages will not be permitted during this event." X		
DEAN/DIRECTOR	VICE PRESIDENT	-
Doliver to: Posistrer's Office (Lile)	Business Office	Dir. Of Facilities Maint.
Deliver to: Registrar's Office (Lila) Continuing Education	Switchboard	Dir. Or Facilities Maint.
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Director of Maintenance	Diversion of Freed Co.	
Director of Campus Police	Other	Other
Facility Charges for Category		
Hourly Rate \$ x hrs Light/S	Sound \$ x _	hrs Base Rate \$
Maintenance \$ x hrs Securi	ty \$ x _	hrs Other \$

UPDATED 7/95