

*Western Nevada College*  
**FACILITY USE REQUEST**

Date: \_\_\_\_\_

Carson Campus                       Fallon Campus                       Douglas Campus  
 Preferred Location:    Building(s): \_\_\_\_\_                      Room(s): \_\_\_\_\_  
 Organization:     Commercial     Non-Profit     State of NV     Student     Other: \_\_\_\_\_  
 Open to the public?     YES     NO    Children's event?     YES\*     NO    \*If YES, please attach your company policy for the protection of children.

<b>Name of Event:</b>	_____		
<b>Day and Date:</b>	_____		
<b>Start and End Times</b>	_____	<b>No. of Participants:</b>	_____

<b>Description of Event:</b>

<b>Contact Person:</b>	_____		
<b>Name of Organization:</b>	_____		
<b>Work Phone Number:</b>	_____	<b>Other:</b>	_____
<b>Work Email Address:</b>	_____	<b>Other Email Address:</b>	_____

**Do you require a set-up?**    **There is a 48-hour minimum notice required for a set-up. Please make all requests through the contact listed below or via [MPulse](#) (instructions below).**

<u>Campus Resources:</u>	<u>Contact:</u>	<u>Email:</u>	<u>Phone Number:</u>
Special Set-up or Equipment:	Buildings Department	<a href="mailto:daniel.smith@wnc.edu">daniel.smith@wnc.edu</a>	775-445-3355
Security:	Adam Wilson, Sergeant	<a href="mailto:agwilson@unr.edu">agwilson@unr.edu</a>	775-313-5197
Media Services:	<a href="https://library.wnc.edu/library_services/faculty_media_services">https://library.wnc.edu/library_services/faculty_media_services</a>		775-445-3228

**Facility Use Approved:**                      \_\_\_\_\_                      \_\_\_\_\_  
Jeff Erickson, Interim Facilities Director                      **Date**

**Event Security Approved:**                      \_\_\_\_\_                      \_\_\_\_\_  
Sgt. Adam Wilson, University Police Services                      **Date**

**Fee Waiver Approved:**                      \_\_\_\_\_                      \_\_\_\_\_  
Kyle Dalpe, President                      **Date**

<b>FOR OFFICE USE ONLY</b>			
<b>Room Assigned:</b>	_____	<b>Billable:</b>	Yes _____ No _____
<b>Assigned Date:</b>	_____	<b>Non-Profit Agency:</b>	Yes _____ No _____
<b>Assigned By:</b>	_____	<b>State Agency:</b>	Yes _____ No _____
<b>Date Confirmation Sent:</b>	_____	<b>Campus &amp; Buildings Maps sent:</b>	Yes _____ No _____
<b>Request Type:</b>	Internal: _____ External: _____	<b>Refundable Security Deposit:</b>	Yes _____ No _____
<b>Additional Information:</b>	_____		<b>Campus Policy Sent:</b> Yes _____ No _____