Pearl River Community College
Activity/Facility Application Form

Date: _____________________

Permission is requested by the:
__________________________________________________________________________________
(Name of Organization)

to sponsor a
__________________________________________________________________________________
(Name or Type of Activity)

Facility Requested:
__________________________________________________________________________________

Date of Activity:
__________________________________________________________________________________

Time: From _____________________________ To _____________________________

Practice Date: ___________________________ Time: _____________________________

Special Equipment: If special equipment is needed, a work order form must be submitted to the Physical
Plant by the activity sponsor.
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

If transportation is needed, please complete an Authorization for Travel form.

Signatures:
__________________________________________________________________________________ Date_________ Ext.____
Activity Sponsor
__________________________________________________________________________________ Date_________ Ext.____
Building Supervisor
__________________________________________________________________________________ Date_________ Ext.____
Director of Physical Plant
__________________________________________________________________________________ Date_________ Ext.____
Assistant Vice President of Student Services
or Vice President for Forrest County Operations

** Activity/facility forms will not be considered valid without all required signatures.

_____ If campus-wide activity, please check in order for activity to be placed on the Master Calendar.

Note: If facility is being requested by an outside agency, all required insurance information must be
attached to this form.