



REQUEST for SPONSORSHIP of EXTERNAL GROUP OR SPEAKER

Requestor: _____ Today's Date: _____
 Division/Department: _____ Phone: _____
 Email: _____

EVENT INFORMATION

Event Date:	Event Times: Start	End
Event/Class Name:		
Event Type: (Lecture, Workshop, Conference, Performance, etc.)		
Is this a SCC Club Event? If Yes, list Club name & Advisor Name & Phone	Yes _____ No _____ Club Name: Advisor Name:	Advisor Phone:
Event Location(s) Requested: (list all rooms)		
Expected Number In Attendance:	Expected Number Of College Participants:	
Description & Purpose of Event :		
Attending College Participant/ Event Host	Name:	Phone:
	(Must be a college employee, the responsible party, and is required to be material participant in all aspects of the event.)	
Div Chair/Dept Head Signature (REQUIRED)	By signing you indicate you have read and understand the MCCCDC/SCC policies for Use of College Facilities and agree to comply with all MCCCDC/SCC policies.	

Is there a fee associated with participating in or attending any portion of the event? _____

If yes how much? \$_____ Is this per person or per team? _____

Who will be collecting funds from ticket sales? (List all people handling money/tickets):

Will Donations be asked for? _____ If yes, explain how donations will be collected and who will be handling the donated cash:

Will any minors be participating in the event? _____

Do the parents of minors sign a waiver release as a condition of participation? _____

Will the participants include SCC employees or SCC students? _____

Who specifically from SCC will be involved with the event and describe the extent of that involvement:

How does this event relate directly to MCCCDC's mission of education and training?

How does this event benefit the college or program?

What are the anticipated outcomes of this event?

What \$ value does this event bring to the college? _____

How will event be publicized? _____

Is this event a political activity? _____

EXTERNAL GROUP/SPEAKER/ORGANIZATION INFORMATION

If there are multiple outside groups or individuals participating, repeat the following section and provide all information for each participant or group.

Name of guests/individuals (list all attending): _____

Company/Organization Name (must match the name of the organization on the requisition): _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ e-mail: _____

Website: _____

Description of Services provided by group/individuals: _____

Will this group provide a certificate of insurance for MCCCCD?

Yes (certificate attached): _____ No (Requesting waiver of insurance requirements): _____

No Props, Tools, Equipment, Animals, or Vehicles will be allowed on campus without specific approval. Weapons of any kind, hazardous materials, alcohol and/or illegal substances are prohibited.

Will this group be bringing any vehicles, props, animals, and/or equipment onto the campus? Yes ___ No ___

If yes, list all below:

Is the External Organization/Individual being compensated for this event? Yes ___ No ___

If yes, how much? \$ _____ Where will funds be provided from? (Account Code) _____

Return completed request form to:

**Patti McNeill, Facilities Coordinator
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www.scottsdalecc.edu/collegefacilities