



Lorain County Community College Office of Student Life

TABLE RENTAL REQUEST

All organizations/individuals shall register with the Office of Student Life the names of the individuals directing sales, solicitation, or fund raising and the time period for the activity. Persons not affiliated with LCCC may not engage in sales or solicitation among the general population while on LCCC property unless approved by the Office of Student Life or another LCCC department office. (Please Submit Form 2 Weeks Prior to Requested Dates)

REQUESTOR INFORMATION

Name of Vendor/Organization: _____

Name of Requestor: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Email _____

Vendors# _____

All vendors are charged \$25.00 per day/per table
No rental fee for LCCC Department & Nonprofit

Table rental fee is due ON or BEFORE the FIRST DATE OF REQUESTED VISIT. We accept cash, check or credit card. For credit card payments please stop by the Office of Student Life (CC206) or contact at (440) 366-4036.

REQUEST DETAILS

Are you affiliated with an LCCC club/organization? Yes _____ No _____

If yes, please provide name: _____

Purpose for request: _____

Will there be distribution/sales of any items? Yes _____ No _____

If so, what? _____

Food Waiver Request form must be submitted 2 weeks in advance to be approved by Director of Dining Services, if bringing in a food item.

EQUIPMENT NEEDS

Number of Tables Needed _____ Number of Chairs Needed _____ Other (Electrical, AV) _____

Any other needs? _____

REQUESTED DATE(S)

TIME IN-OUT

INDIVIDUALS
(Manning table or display)

REQUESTED DATE(S)	TIME IN-OUT	INDIVIDUALS (Manning table or display)

Please share how you learned of this campus table rental opportunity: LCCC Website Other (please explain)

OFFICE USE ONLY

Checked vendor in with table location: Table Location _____ Initial: _____ Date: _____

Table Rental Fee _____ Amount Paid _____ Date Received _____ By Who: _____

Food Waiver Needed? YES NO Food Waiver Submission Date _____

Food Waiver Approved? YES NO

Approved

Not Approved

Student Life's Manager Signature: _____ Date: _____

Vendor/Organization Notified by: E-mail Phone In Person Date: _____ Initial: _____

Revised 2/5/17