



Adikameg Hall Use Request

Date of Request: _____

Name of Organization: _____

Name of Responsible Person(s): _____

Contact Info: _____

Type of Event:

Date of Event: _____ Approximate No. _____

of Guests:

Time: _____ until _____

Use of Equipment Requested:

- Kitchen/Cafeteria
- Computer/Projector
- Sound System/Microphones

This event ____ will/ ____ will not be charged for use of Adikameg Hall. If payment is required, the amount due is \$ _____ payable to the BMCC Cashier prior to the date of the event.

Signature of Authorized Representative

Read and agree to Policy Use Agreement

By signing this document, the authorized representative agrees that he/she has read, understood, and will adhere to the Adikameg Hall Policy Use Agreement.

BMCC Representative

- Approved
- Not Approved

Date: _____