



FORT BERTHOLD COMMUNITY COLLEGE Request for Room Rental

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date(s) of event: _____

Purpose/Title of event: _____

Room Number/Name: _____

I am requesting: Room Rental Reservation Technical Support Maintenance & Security for our organization be waived based on the following criteria: (please provide as much information as possible)

Signature and Title of Requestor Date: _____

Total Fee Amount: _____

Date: _____ Approval: Disapproval:
FBCC President

Date: _____ Approval: Disapproval:
Academic Dean

Date: _____ Approval: Disapproval:
Technology Director

(All requests must be submitted 2-weeks prior to event. Please return this document to the President's Office - Fort Berthold Community College)