

☐ **North Campus**  
11380 NW 27<sup>th</sup> Ave  
Miami, FL 33167

☐ **Kendall Campus**  
11011 SW 104 Street  
Miami, FL 33176

☐ **Wolfson Campus**  
300 NE 2<sup>nd</sup> Ave  
Miami, FL 33132

☐ **Medical Campus**  
950 NW 20<sup>th</sup> Street  
Miami, FL 33127

☐ **Homestead Campus**  
500 College Terrace  
Homestead, FL 33030

☐ **Padron Campus**  
627 SW 27 Ave  
Miami, FL 33135

☐ **Hialeah Campus**  
1780 W 49<sup>th</sup> Street  
Hialeah, FL 33012

☐ **West Campus**  
3800 NW 115 Ave  
Doral, FL 33178

## ***REQUEST FOR USE OF MIAMI DADE COLLEGE FACILITIES***

1. The attached request form must be submitted at least four weeks prior to the event unless authorized by Campus President or designee. The following information should be included:
  - A. Name of the person or organization seeking to use the College's facilities.
  - B. Name, title, email, and phone number of the USER's contact person.
  - C. USER's status as an individual, for-profit, non-profit, or governmental/public entity.
  - D. Name of the event.
  - E. College Facility requested, if known.
  - F. Nature of the activity (what is the purpose /topic/reason for the activity).
  - G. Date and time of the activity (include the activity's start/end times and alternate date).
  - H. Admission charge (will there be an admission charge or workshop fee?).
  - I. Whether any sales will be involved, including food or alcohol sales.
  - J. Approximate number of people attending/participating.
  - K. Special set-ups (please include a diagram and indicate number and location of chairs, tables, podium and audiovisual equipment).
  - L. Specify special equipment, furniture or services requested (i.e. microphones, podiums, televisions, easels, chairs, tables, A/V services, custodial, security, food service, videotaping, flags, etc.).
2. Proof of insurance - A Certificate of Insurance meeting the requirements set for the MDC Procedure 3908, and as may be otherwise required by the College, must be received by the College no later than three (3) days before the beginning of the event.
3. Proof of Tax Exemption - Organization must provide tax-exempt certificate along with completed form. (*if applicable*)
4. If serving or selling alcohol, USER must obtain the required licenses and include host liquor liability liquor and/or liability coverage with the insurance required above.

### **MIAMI DADE COLLEGE'S RESPONSE**

Once the request form is received, a proposal, including cost, will be processed and forwarded to the requestor for approval. Once an approval is received, the request will be submitted for appropriate approval. If the request is approved, a standard "Agreement for Temporary Use of Miami Dade College Facilities" contract form and invoice will be provided.

**THE REQUESTOR** will return to the designated College Office, the signed contract, the signed invoice, a Certificate of Insurance and a check made payable to Miami Dade College. Final payment must be received prior to date of USER's event, unless prior approval is authorized by the College in advance.

### **REMINDERS**

- You are responsible and liable for all furniture and equipment damaged or stolen, and for any damage or defacement of the facility.
- Do not tape anything on the walls, doorframes, furniture, drapes, etc.
- Food and beverages are not allowed in our facilities, except in the cafeteria. (Please contact campus for exceptions in their respective areas.)
- Use only DRY-ERASE MARKERS on the white marking boards.
- Carefully review MDC Procedure 3908 and the Agreement for Temporary Use of Miami Dade College Facilities which fully outline the College's rules, regulations, and terms and conditions.

### **EXCLUSIONS**

Miami Dade College reserves the right to deny any requests.



**Campus Administration Office  
External Use**

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11011 SW 104 Street  
Miami, FL 33176

☐ **Wolfson Campus**  
300 NE 2<sup>nd</sup> Ave  
Miami, FL 33132

☐ **Medical Center Campus**  
950 NW 20<sup>th</sup> Street  
Miami, FL 33127

☐ **Homestead Campus**  
500 College Terrace  
Homestead, FL 33030

☐ **InterAmerican**  
627 SW 27 Ave  
Miami, FL 33135

☐ **Hialeah Center Campus**  
1780 W 49<sup>th</sup> Street  
Hialeah, FL 33012

☐ **West Campus**  
3800 NW 115 Ave  
Doral, FL 33178

**REQUEST FORM**

Today's Date: \_\_\_\_\_

Company/Organization's Name: \_\_\_\_\_

Company/Organization's Address: \_\_\_\_\_

Profit

Non-Profit

Government

Educational

Requestor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Number of attendees expected: \_\_\_\_\_

Purpose for request: \_\_\_\_\_

Set-Up Request (Please attach diagram and indicate set-up details): \_\_\_\_\_

Audiovisual Equipment: \_\_\_\_\_

Venue(s) that are being requested: \_\_\_\_\_

Date(s)	Day(s)	Time(s)	Set-up time(s)

List of guest speakers, dignitaries, elected officials and/or celebrities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are MDC employees expected to attend this event?	Yes	No
Are MDC students expected to attend this event?	Yes	No
Are MDCPS students expected to attend this event?	Yes	No
Will community members be attending this event?	Yes	No
Will there be an admission fee for this event, if yes \$_____?	Yes	No
Will refreshments and or food be served?	Yes	No
Will alcohol be served?	Yes	No

Submit Request to:  
**Office of Campus Director of Administration or designated department**

\_\_\_\_\_

**Internal Use Only**

Approved ☐ Denied ☐ Campus Director of Administration: \_\_\_\_\_ Date: \_\_\_\_\_