

_____/_____/_____
Facility Name Date of Event Division

Facilities Rating Sheet

1 = lowest 5 = highest

1. Is the facility available on the date and time that we need to use them?

1 2 3 4 5

2. Is the facility within reasonable proximity to the college?

1 2 3 4 5

3. Does the facility have adequate space required for event?

1 2 3 4 5

4. Does the facility provide tables, seating, and any technical equipment needed?

1 2 3 4 5

5. Does the facility provide adequate parking for this type of event?

1 2 3 4 5

Total: _____ Fee Quote: _____

Comments: _____

References/Website info attached: _____