

FACILITY USAGE APPLICATION

Applicants complete Part I and read Parts II and III. Submit completed application to Business and Community Services

I. INSTITUTION APPROVAL IS CONTINGENT ON THE APPLICANT'S SUCCESSFUL COMPLETION OF ALL FINANCIAL AND/OR INSURANCE OBLIGATIONS AS MAY BE REQUIRED BY THE INSTITUTION.

Please type or print:

Name of Organization/Individual: _____ Contact Person: _____
 Mailing Address: _____ Phone Number: _____
 City: _____ State: _____ Zip: _____ Email Address: _____

Is the billing address the same as above? If not, please indicate where invoices should be sent:

Name: _____ Phone: _____ Email Address: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____

Please fill in completely:

Non-Profit Organization (Proof required) For-Profit Business or Organization Governmental Agency Other: _____

Location Requested: Clayton Performing Arts Center (CPAC) (AL160) Goins Building Auditorium (GN136) Bagwell Art/Media Gallery (BA142) Other Location Building & room number (if known): _____

Number of people expected: _____ **Admission/registration fee?** _____
 (Accommodation cannot be guaranteed for a larger number than anticipated) No Yes: Amount: \$ _____

<u>Date(s) Requested:</u>	<u>Time Requested (from/to):</u> (daily beginning & ending times)	<u>Date and Time of Performance/s:</u> (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Detailed Description of Activity (indicate name and general topic if a speaker): _____

**** Copies of marketing materials need to be provided to the College's Marketing department prior to advertising the event! ****

Please list any special needs below:

- Food Service:** Pellissippi State's food services contract requires all on-campus catering be provided by the college's food service vendor.
 - Room Setup** (Check all that apply): **Tables:** ____ How many? ____ / **Chairs:** ____ How many? ____ / **Podium:** ____ / **Other:** _____
 - Audiovisual:** Technical services are arranged through event services when a reservation is confirmed.
 - Safety and Security:** Determination of security and insurance requirements will be solely at the discretion of the institution.
- OTHER:** _____

FOR INSTITUTION USE ONLY:

APPROVED DENIED

Date: _____
 Comments: _____

 By: _____

Charges:

Facility: _____
 Custodial: _____
 Security: _____
 Technician: _____
 Equipment: _____
 Utilities: _____

Total Charges: \$ _____
 Deposit Due: \$ _____
 Balance after Dep.: \$ _____
 Date Dep. Paid: _____
 Payments Made on Account:
 Date: _____ Amount: \$ _____

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APPLICANT CERTIFICATIONS AND AGREEMENT TO TERMS OF USE:

(Please read carefully and sign. Application will not be considered if this section is not completed.)

On behalf of the applicant, I acknowledge by signing below that the Institution has made a copy of Tennessee Board of Regents (TBR) Policy No.1:03:02:50, TBR Policy No. 1:03:02:10 and TBR Guideline B-026 and Pellissippi State Community College (PSCC) Policy No. 08:03:00 and PSCC Policy No. 08:03:01 available for review. Applicant understands that submittal of this application shall constitute agreement by applicant to the following conditions, in addition to the conditions described in those policies:

- 1) The intended use of the Institution property and facilities by applicant does not violate, and actual use will not violate, the provisions of the Tennessee Board of Regents Policy on Use of Campus Property and Facilities or any policies or regulations of the Institution, or any federal, state, or local law or regulation.
- 2) Any use of college property and facilities pursuant to this application that is contrary to such policies, laws, or regulations or that is inconsistent with the activity as described in this application constitutes grounds for the institution to remove the activity from college property.
- 3) Applicant agrees to indemnify the institution and hold it harmless from liabilities arising out of applicant's use of institution property and/or facilities, including but not limited to personal injury, property damage, court costs or attorney fees.

I hereby acknowledge that I have read the Applicant Certifications and referenced policies, and agree to abide by these requirements.

Name of Applicant

By: _____ Date: _____

Please mail or fax the completed form to:

Business and Community Services
10915 Hardin Valley Road
P. O. Box 22990
Knoxville, TN 37933-0990
Office: (865) 694-6665 Fax: (865) 694-6583

Reservations for use of facilities are confirmed when the applicant receives notification from PELLISSIPPI STATE COMMUNITY COLLEGE authorizing the request. Due to the high demand for rooms, we will not confirm, pencil-in, or otherwise reserve space for non-affiliated groups by phone or verbal agreement. If there is any question as to the approval of your application, or if confirmation has not yet been received, please contact the Business and Community Services department and ask to speak with the staff member that coordinates facility rentals