



at Catawba Valley Community College

**Facilities Use Application**

Name of Organization/Group: \_\_\_\_\_  
 Federal ID: \_\_\_\_\_ or SSN (if individual): \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact Person Email: \_\_\_\_\_  
 Onsite Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Onsite Contact Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_ (if different) \_\_\_\_\_  
 \_\_\_\_\_  
 Published Event Name: \_\_\_\_\_  
 Purpose of Event: \_\_\_\_\_  
 Will an admission fee be charged for this event? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, amount to be charged: \$ \_\_\_\_\_

**Event Schedule and Set Up Directions:**

*Instructional spaces will remain set as is. Additional needs or instructions for flexible set up spaces should be outlined below. Please list extra tables for registration or refreshments, as well as, additional AV items, such as, podium, mic, projector etc. Guest Wi-Fi is available across campus.*

Room	Day	Date	Number of People	Set Up Start Time	Event Start Time	Event End Time	Tear Down End Time
Small Meeting Room							
Set up for Small Meeting Room:							
Large Meeting Room							
Set up for Large Meeting Room:							
Conference Room #1							
Set up for Conference Room #1:							
Conference Room #2							
Set up for Conference Room #2:							
Networking Space							
Set Up for Networking Space							

**Room Capacities and Cost**

Small Meeting Room, capacity of 38 with tables, 60 with no tables – Cleaning fee of \$200.  
 Large meeting Room #2, capacity of 60 with tables, 100 with no tables -- Cleaning fee of \$250.  
 Conference Room #1, capacity of 12 around table – Cleaning fee of \$50.  
 Conference Room #2, capacity of 7 around table – Cleaning fee of \$50.  
 Networking area, capacity of 120 -- Cleaning fee of \$300.

**Note: Any after hours (later than 5PM) room requests require special permission and MSC personnel onsite. A security fee of \$50/hour will be assessed based on room hours.**

Local and state government agencies should contact the MSC for pricing.

Will you require catering assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, we can provide a list of local restaurants to assist you.

Serving of alcohol requires special permission.  
Do you plan to serve alcohol at this event? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will your organization be serving food or beverages?  
\_\_\_\_\_ Morning Coffee or Beverages \_\_\_\_\_ Dinner  
\_\_\_\_\_ Morning Break \_\_\_\_\_ Evening  
\_\_\_\_\_ Lunch  
\_\_\_\_\_ Afternoon Break

*In consideration for the use of the facilities, the undersigned organization/group hereby agrees to indemnify, hold harmless and release the Manufacturing Solutions Center, the City of Conover, the Trustees of Catawba Valley Community College, the College, its auxiliary organizations and the officers, directors, employees and agents from actions arising out of or related to the organization/group's use of the College's facilities.*

*The undersigned certifies that he/she has read and agrees to the regulations governing facility usage as stated on the accompanying pages. The undersigned further certifies that he/she is the authorized representative to act for and accept responsibility for the use of the facility.*

Signature of Organization Representative: \_\_\_\_\_ Date: \_\_\_\_\_

*The Manufacturing Solutions Center, City of Conover, and Catawba Valley Community College will not accept any transfer of liability for taxes due on admissions that the lessee has failed to charge and remit to the State of NC or other taxing jurisdictions. All users of facilities are solely responsible for collecting and remitting any and all applicable sales and use taxes to the North Carolina Department of Revenue and that Catawba Valley Community College assumes no obligation or responsibility for said taxes.*

Signature of Organization Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Certificate of insurance is required one week prior to event.**

**For Office Use Only**

Date Application Received: \_\_\_\_\_ Received by: \_\_\_\_\_  
Availability Confirmed by: \_\_\_\_\_  
Certificate of Insurance Received: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable  
Date Received: \_\_\_\_\_

**Charged to User:**

Meeting Room 1	\$ _____ x _____ hrs = \$ _____	Permission to use facilities is: _____ Approved _____ Denied
Meeting Room 2	\$ _____ x _____ hrs = \$ _____	If denied, reason for denial: _____
Conference Room 1	\$ _____ x _____ hrs = \$ _____	
Conference Room 2	\$ _____ x _____ hrs = \$ _____	
Networking Space	\$ _____ x _____ hrs = \$ _____	
Security Fee (after 5PM) if applicable	\$ _____	
	<b>Total Fee:</b> \$ _____	

Application Approved/Denied by: \_\_\_\_\_ Date: \_\_\_\_\_