



## 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 Area							
Set Up for Networking Area							

**Room Capacities and Cost**

**Small Meeting Room**, capacity of 38 with tables, 60 with no tables – Cleaning fee of \$200.

**Large Meeting Room**, 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 \$350.

A \$100 deposit is required to reserve meeting rooms or the networking space. The deposit is refundable if cancellation is made no later than one week prior to event. The deposit will be applied to room invoice after event is completed.

Note: Room availability is 8AM to 4:30 PM. Building exit time is 5:00 PM. Any after hours (later than 4:30 PM) room requests require special permission and MSC personnel onsite. A \$75/hour fee is required for use of rooms after 4:30 PM.

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

If you plan to serve food/beverages to attendees, a list of local restaurants can be provided by request.

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 Beverage \_\_\_\_\_ Afternoon Break  
 \_\_\_\_\_ Morning Break \_\_\_\_\_ Dinner  
 \_\_\_\_\_ Lunch \_\_\_\_\_ Evening

*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: _____	
<b>Charged to User:</b>	
Large Meeting Room 1 \$ _____ x _____ hrs = \$ _____	Permission to use facilities is: _____ Approved _____ Denied
Small Meeting Room 2 \$ _____ x _____ hrs = \$ _____	If denied, reason for denial: _____
Conference Room 1 \$ _____ x _____ hrs = \$ _____	_____
Conference Room 2 \$ _____ x _____ hrs = \$ _____	_____
Networking Area \$ _____ x _____ hrs = \$ _____	
After Hour Fee (\$75/hour after 4:30PM), if applicable. \$ _____	
<b>Total Fee:</b> \$ _____	
Application Approved/Denied by: _____ Date: _____	