



Patrick Henry Community College

APPLICATION FOR USE OF FACILITIES

Sue Ann Ehmann ♦ PHCC, 645 Patriot Ave., Martinsville, VA 24112

Ph: 276.656.0206 ♦ Fax 276.656.0320 ♦ sehmann@patrickhenry.edu ♦ www.patrickhenry.edu



Name of Organization: _____ Profit Non-Profit

Requestor Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Type & Title of Event:
(Please Describe/Do Not Abbreviate): _____

Day and Date of Event: _____ Actual Time of Event: _____

Date(s) & Time(s) of Set-Up & Take Down: _____

Estimated Number of Participants: _____ Will you charge any fees for participation in this event? Yes No

If yes, how much and for what purpose? _____

Is this a public event? Yes No Will it be advertised on college campus? (SEE POLICY) Yes No

Type of Room Requested:	Stone Hall Gym <input type="checkbox"/>	Computer Lab (seats 25-30) <input type="checkbox"/>	Classroom (seats 20-30) <input type="checkbox"/>	Conference Room <input type="checkbox"/>	Walker Theater <input type="checkbox"/>	Walker Cafeteria <input type="checkbox"/>
--------------------------------	---	---	--	--	---	---

Setup Needs:	Audio Visual <input type="checkbox"/>	Room Setup <input type="checkbox"/>	Describe Desired Setup:
---------------------	---	---	----------------------------

I, the undersigned, officially represent the above organization in making application to Patrick Henry Community College for use of college facilities. I have **read the Facilities Policy**, agree to abide by its terms, and assume supervisory responsibility for the conduct and activity of all persons associated with and attending the organization function. I understand that I will be held responsible for any damage liability, expense, claim or demand that may arise or be caused in any way by use of college facilities. I will make arrangements to ensure that the area is cleaned and left in the order in which it was found.

A Certificate of Liability Insurance must accompany this request. In addition, non-profit organizations must submit a Certificate of Exemption with the application to confirm the organization's exemption from sales tax for the planned activity.

Requestor's Signature

Date

On-Site Designee (Individual responsible, present, during event)

Telephone Number

OFFICE USE ONLY:

Reservation Request: Approved Denied By: _____
Facilities Coordinator

Room Number / Notes: _____

Free of Charge Total Fee: \$ _____

***Full payment due prior to event (Check payable to PHCC)**