



Patrick Henry Community College

APPLICATION FOR USE OF FACILITY

J. BURNES FRITH ECONOMIC DEVELOPMENT CENTER

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

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Name of Organization: _____ Profit Non-Profit

Requestor Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Title of Event: _____

Description of Event: _____

Day/s, Date/s & Time/s Needed, including set-up: _____

Actual Date/Time of Event: _____

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

If yes, how much and for what purpose? _____

Will food be served: Yes No If yes, what caterer: _____

Is this a public event? Yes No Will it be advertised on college campus? Yes No

Type of Room Requested: Classroom (seats up to 20) Computer Lab (seats 20 or 25) Exhibit Hall (seats up to 100)

I, the undersigned, officially represent the above organization in making application to Patrick Henry Community College for use of college facilities. This certifies that I have read the Facilities Policy and Procedure, understand all the conditions set forth in this 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.

Requestor's Signature

Date

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

Telephone Number

Note: A Certificate of Liability Insurance must accompany this request. Reservations are not confirmed until the requestor has received written confirmation.

Reservation Request: Approved Denied By: _____
Facilities Coordinator

Room Number / Notes: _____

Free of Charge Total Fee: \$ _____ Full payment due prior to event (make check payable to PHCC)