

FACILITY USAGE APPLICATION

Applicants complete Part I and read Parts II and III. Submit completed application to Cookeville Higher Education Campus.

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: Noble Cody Hall Large Conference Room Small Conference Room Atrium Terrace

Other Location (specify): _____

Number of people expected: _____

Admission/registration fee?

(Accommodation cannot be guaranteed for a larger number than anticipated)

No Yes: Amount: \$ _____

Date(s) Requested:

Time Requested (from/to): (daily beginning & ending times)

Date and Time of Performance/s: (if applicable)

_____	_____	_____
_____	_____	_____
_____	_____	_____

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

**** Copies of marketing materials need to be provided to Cookeville Higher Education Campus ----- PRIOR to advertising the event! ****

Please list any special needs below:

Food Service: CHEC does not provide food service. Food Service is contracted between the Caterer and Applicant. _____ # of tables for Food Service

Room Setup (Check all that apply): **Tables** _____ How many? _____ / **Chairs** _____ How many? _____ / **Podium** _____ **OTHER:** _____

Set up Style is Classroom unless advanced notice or diagram is provided

Audio/Visual (Check all that apply): **Projector** _____ **Microphone** _____ **Internet Access** _____

Campus Police: 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: _____

Other: _____

Total Charges: \$ _____

Deposit Due: \$ _____

Balance after Dep.: \$ _____

Date Dep. Paid: _____

Payments Made on Account:

Date: _____ Amount: \$ _____

FACILITY USAGE APPLICATION

APPLICANT CERTIFICATIONS AND AGREEMENT TO TERMS OF USE:

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

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 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 email the completed form to Stephanie Voris (SVoris@CookevilleCampus.org)

If you have any questions, please contact Stephanie Voris at 931-372-5524

Reservations for use of facilities are confirmed when the applicant receives notification from Cookeville Higher Education Campus 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 CHEC (931-372-5524) and ask to speak with Stephanie Voris.