

Coastal Carolina Community College
444 Western Boulevard
Jacksonville, NC 28546
Phone: (910)938-6220 Fax: (910)455-7027
carrm@coastalcarolina.edu

FACILITIES USAGE APPLICATION

(To be completed at least five (5) days in advance of activity)

NOTE: For any outside agency, a certificate of liability insurance indicating a per occurrence limit of \$1,000,000.00 and an aggregate limit of \$2,000,000.00 must accompany this request.

Name of Organization/Group:

PO Box/Street Address:

City: State: Zip Code:

Business Phone: Home Phone:

Person making the request:

Number of persons expected to attend meeting:

Date facility is needed: Beginning time: Ending Time:

Purpose of the meeting
(include a brief description of what is expected to take place):

Type of Room Requested: Conference Room Classroom
 Auditorium Parking Lot Other

If media equipment is needed, please contact the Media Technician at (910)938-6123.

The party signing this agreement and who is authorized by the requesting group to speak and act in its behalf agrees that the purpose of the meeting listed above is true and that the content of the meeting will follow the description as stated on this document. The party agrees that any damage done to college property by the participants (the organization/group listed above) while attending the meeting on said date will be reimbursed in full by the organization/group. Furthermore, any injury suffered by the participants will not incur liability upon the community college. The party also agrees that participation in the meeting will not discriminate against persons on the basis of age, sex, race, religion, national or ethnic origin, handicap, disability or economic disadvantage.

Authorized Party Representing the Organization/Group Date

Approved: _____ Not Approved: _____

President Date

Vice President Date

Facilities Coordinator Date

Building/Room Assigned

Approved Not Approved