

<input type="checkbox"/> <b>MAIN CAMPUS</b>	<input type="checkbox"/> <b>DINAH E. GORE FITNESS CENTER</b>	<input type="checkbox"/> <b>ODELL WILLIAMSON AUDITORIUM</b>	<input type="checkbox"/> <b>LELAND CENTER</b>	<input type="checkbox"/> <b>SOUTH BRUNSWICK ISLANDS CENTER</b>	<input type="checkbox"/> <b>SOUTHPORT CENTER</b>
<input type="checkbox"/> Student Activity Ctr. <input type="checkbox"/> Teaching Auditorium <input type="checkbox"/> Conference Room <input type="checkbox"/> Class Room	<input type="checkbox"/> Gymnasium <input type="checkbox"/> Lap Pool <input type="checkbox"/> Shallow Pool <input type="checkbox"/> Aerobics Studio <input type="checkbox"/> Classroom	<input type="checkbox"/> Auditorium <input type="checkbox"/> Lobby <input type="checkbox"/> Virginia Williamson Event Center	<input type="checkbox"/> Class Room <input type="checkbox"/> Conference Rm. <input type="checkbox"/> Computer Lab <input type="checkbox"/> Manufacturing Bay	<input type="checkbox"/> Class Room <input type="checkbox"/> Computer Lab <input type="checkbox"/> Banquet Room <input type="checkbox"/> Parking Lot	<input type="checkbox"/> BETC <input type="checkbox"/> Other _____

EVENT \_\_\_\_\_

ORGANIZATION/INDIVIDUAL \_\_\_\_\_

CLASSIFICATION:  PROFIT  INDIVIDUAL  NON-PROFIT  GOVERNMENT  BCC

EVENT DATE (S) \_\_\_\_\_ DAY (S)  M  T  W  TH  F  SA  SU (CHECK ALL THAT APPLY)

CONTACT PERSON \_\_\_\_\_ PH.# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ FAX \_\_\_\_\_

TIME IN \_\_\_\_\_ EVENT START TIME \_\_\_\_\_ EVENT END TIME \_\_\_\_\_ TIME OUT \_\_\_\_\_

ADDITIONAL TIME FOR SETUP AND BREAKDOWN \_\_\_\_\_

APPROXIMATE NUMBER ATTENDING EVENT \_\_\_\_\_

DESCRIBE YOUR EVENT \_\_\_\_\_

LIST EQUIPMENT NEEDED \_\_\_\_\_

WILL ALCOHOL BE SERVED?  YES  NO (STUDENT CTR., VWEC, FITNESS CTR., SBIC, LELAND CTR. & SOUTHPORT CTR. ONLY)

If YES to the previous question, please list certified bartender and/or insured caterer required for this service.

\_\_\_\_\_ PH. # \_\_\_\_\_

WILL FOOD BE SERVED? (WHERE APPLICABLE) CATERER NAME \_\_\_\_\_ PH.# \_\_\_\_\_

WILL YOU NEED ACCESS TO CATERING KITCHEN? (VWEC & SBIC ONLY)  YES  NO

ADDITIONAL NEEDS OR REQUESTS \_\_\_\_\_

***BCC signatures required for approval. Please allow 3 business days from time of receipt for reply.***

\_\_\_\_\_  
Facility Director/Manager Date

\_\_\_\_\_  
Executive Director Campus Date

\_\_\_\_\_  
Facility Vice-President Date

# **BRUNSWICK COMMUNITY COLLEGE**

## **BCC Facility Use Contract Acknowledgement**

The undersigned hereby represents themselves as an authorized agent of the aforementioned and as such makes application to Brunswick Community College for the use of the BCC Facilities. The Undersigned warrants that applicant has read and will observe the use policies & regulations of BCC, will exercise the utmost care in the use of BCC's premises and property, and will make good any damage arising from the use of said premises or property.

All terms and conditions of this written agreement shall be binding upon the parties, their heirs, representatives, and assigns, and cannot be waived by any oral representation or promise of any agent or agents who executed this contract. Such written document must be incorporated by specific reference herein as part of the agreement. This agreement must be returned within thirty days of its receipt or it becomes void.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Title if applicable

\_\_\_\_\_  
Date

**All deposits are required to secure your date. All deposits are non-refundable. Initial \_\_\_\_\_**

*ALL RENTALS ARE TENTATIVE UNTIL RECEIPT OF APPLICABLE DEPOSIT.*

*PLEASE INITIAL EACH PAGE AND RETURN TO APPROPRIATE FACILITY DESIGNEE.*

### **BRUNSWICK COMMUNITY COLLEGE USE ONLY**

Room Rental \_\_\_\_\_

Equipment Rental \_\_\_\_\_

Personnel Fees \_\_\_\_\_

Total Amount Due \_\_\_\_\_

Amount of Deposit \_\_\_\_\_ Date Received \_\_\_\_\_

Additional Assessment/Fees \_\_\_\_\_

Form of Payment \_\_\_\_\_

Remaining Balance Due \_\_\_\_\_

Facility Director/Manager \_\_\_\_\_ Date \_\_\_\_\_