

## FACILITY USAGE APPLICATION

Please read and complete Parts I and II, and read and sign Part III. **Submit your completed application to [Brenda.Harriford@nsc.edu](mailto:Brenda.Harriford@nsc.edu).**

### I. ORGANIZATION

**Please TYPE or PRINT**

Name of Organization: \_\_\_\_\_ 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: \_\_\_\_\_

**Submitted by NSCC Faculty/Staff:** \_\_\_\_\_ **Division:** \_\_\_\_\_

### II. USAGE REQUEST

☐ Non-Profit Organization ☐ For-Profit Organization ☐ Government Agency ☐ Other: \_\_\_\_\_  
(proof required)

**Location Requested:** ☐ C-building Auditorium (C-210 | Max: 303 ppl) ☐ H-building Auditorium (H-202 | Max: 355 ppl) ☐ H-building Art Gallery (H-141-142) ☐ S-118 (Max: 72 ppl) ☐ S-208 (Max: 24 ppl)

☐ Classroom: \_\_\_\_\_ ☐ **Extended Campus Room Rental:** \_\_\_\_\_

**Number of expected attendees:** \_\_\_\_\_

(Accommodation is **not** guaranteed for a larger number of attendees than quoted.)

**Will an admission/registration fee be charged?**

☐ No ☐ Yes: Amount: \$ \_\_\_\_\_

**Will continuing education units (CEUs) be offered for attendees?**

☐ No ☐ Yes: Please describe specifics: \_\_\_\_\_

**Date(s) Requested**

**Time Requested** (daily beginning & ending times)

**Date & Time of Performance(s)** (if applicable)

\_\_\_\_\_  
\_\_\_\_\_

**Please provide a detailed description of your event** (include topic & speaker(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*\* Copies of any marketing materials **must be** provided to [Creative Services](#) prior to advertising your event. \*\***

### Setup Needs

☐ **Catering** (provide specifics for your catering vendor): \_\_\_\_\_

☐ **Room Setup** (check all that apply): ☐ **Tables:** How many? \_\_\_\_ ☐ **Chairs:** How many? \_\_\_\_ ☐ **Podium:** How many? \_\_\_\_ ☐ **Other:** \_\_\_\_\_

☐ **Audio/Visual:** Arrangements will be made through the CSD. Contact information will be provided, once your reservation has been confirmed.

☐ **Safety & Security:** Determination of security and insurance requirements will be at the sole discretion of Nashville State.

**Other:** \_\_\_\_\_

### FOR INTERNAL USE ONLY MANAGER/DIRECTOR

☐ **APPROVED** ☐ **REJECTED**

Date: \_\_\_\_\_

By: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

### DIVISION VICE PRESIDENT

☐ **APPROVED** ☐ **REJECTED**

Date: \_\_\_\_\_

By: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

### PRESIDENT'S OFFICE

☐ **APPROVED** ☐ **REJECTED**

Date: \_\_\_\_\_

By: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

# FACILITY USAGE APPLICATION

Page 2 of 2

## FOR INTERNAL USE ONLY

### FACILITY USAGE CHARGES

Rental: \$ \_\_\_\_\_

Custodial: \$ \_\_\_\_\_

Security: \$ \_\_\_\_\_

Technician: \$ \_\_\_\_\_

Equipment: \$ \_\_\_\_\_

Utilities: \$ \_\_\_\_\_

Total Charges Due: \$ \_\_\_\_\_

Deposit: \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_

Balance Due: \_\_\_\_\_

Date Paid: \$ \_\_\_\_\_

### Payments Made on Account

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

## III. SIGNATURE

### APPLICANT CERTIFICATIONS AND AGREEMENT TO TERMS OF USE

(Signature **required** below for consideration.)

On behalf of the applicant, I acknowledge by signing below that Nashville State has made a copy of the 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. The applicant understands that submission of this application shall constitute agreement by the applicant to the following conditions, in addition to the conditions described in those policies:

- 1) The intended use of Nashville State property and facilities by the 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 Nashville State, or any federal, state, or local law or regulation.
- 2) Any use of Nashville State 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 Nashville State to remove the activity from college property.
- 3) The applicant agrees to indemnify Nashville State and hold it harmless from liabilities arising out of the applicant's use of college 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.

APPLICANT: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Reservations for use of facilities are confirmed when the applicant receives notification from Nashville State authorizing the request. Due to the high demand for rooms, we will not confirm, pencil-in, nor 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 [Brenda.Harriford@nscc.edu](mailto:Brenda.Harriford@nscc.edu).

**NOTE: APPLICATION APPROVAL IS CONTINGENT UPON THE APPLICANT'S SUCCESSFUL COMPLETION OF ALL FINANCIAL AND/OR INSURANCE OBLIGATIONS, AS MAY BE REQUIRED BY NASHVILLE STATE.**