

Facility Use

Return To:
The Office of
Student Development



Office Use Only

Rec: _____

VP: _____

Individual in Charge: _____ Date: _____

Organization: _____ Non-Profit: _____

Date of Activity: _____ **Anticipated Number of Vehicles** _____

Start Time: _____ **End Time:** _____ **Type of Activity:** _____

Expected Attendance: _____ **Number of Leaders:** _____

Address: _____

Home Phone: _____ **Work/Cell Phone:** _____ **Email:** _____

Will there be an admission charge? _____ If so, how much? _____

Please read *carefully* the provisions of this form and supply additional information here such as special requests, event outline, questions and purpose.

On behalf of the above named organization or individual, request is being made for us to use the facilities of Davis College. If the request is approved, the following terms are agreed upon:

1. Request must be submitted two (2) months prior to the event.
2. Any fees will be paid *prior* to use.
3. Any equipment used will be put away properly.
4. Any damage will be reported immediately.
5. The facility will be left neat and clean.
6. Hourly rates begin at set-up and end after clean-up of the event.
7. **A certificate of insurance for liability coverage is required.**
8. Additional information may be requested.

Hourly Rates are as follows:

Gym	\$50	Classrooms, Pavilion & Board Room	\$25
Dining Room	\$50	Café (Determined by negotiation)	
Lowe Hall	\$50	Café Board Room	\$25
		Any Combination	\$75

Supporting churches, organizations, or individuals will receive a 25% discount on facility use rates.

Davis College asks that you respect our facilities and refrain from using alcohol, tobacco in any form and objectionable language or behavior while on our campus.

Davis College reserves the right to decline any facility use request.

The following information is required for the use of Davis College facilities. **You must complete this section thoroughly** to eliminate confusion and to allow us to adequately meet your needs. Our goal is to provide the essential materials to make your activity a success. Please place a check mark next to the facility and material your event will require.

GYM: _____

Sound System _____ Tape/CD Player _____ Score Board _____ Floor Covering _____
 Number of Tables _____ Number of Microphones _____ Number of Chairs _____
 Other: _____

DINING HALL: _____

Sound System _____ Tape/CD Player _____ Number of Tables _____ Number of Microphones _____
 Number of Chairs _____ Other _____

LOWE HALL: _____

Sound System _____ Sound Man _____ Number of Tables _____ Number of Microphones _____
 Number of Chairs _____ Other _____

HOMILETICS LAB: _____

Number of Tables _____ Number of Chairs _____
 Other _____

LIBRARY BOARD ROOM: _____

Number of Chairs _____
 Other _____

CROWELL HALL: _____

Number of Tables _____ Number of Chairs _____
 Other _____

GRIFFIS HALL: _____

Number of Tables _____ Number of Chairs _____
 Other _____

PATTERSON HALL A: _____

Number of Tables _____ Number of Chairs _____
 Other _____

PATTERSON HALL B: _____

Number of Tables _____ Number of Chairs _____
 Other _____

CAFÉ EVENT: _____

Sound System _____ Sound Man _____
 Other _____

CAFÉ BOARD ROOM: _____

Other _____

Signature of Individual Responsible: _____ Date: _____

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Facility & Event Coordinator: _____ Date: _____
Joseph Mack

V.P. for Student Development: _____ Date: _____

	<u>Hours</u>	@	<u>Rate/Hour</u>	<u>Total</u>
Facility Use	_____	@	_____	\$ _____
Special Labor Needs:	_____	@	\$10.00	\$ _____
TOTAL:				\$ _____

Copy to Maintenance, Business Office, Housekeeping & Student Development