Lifelong Learning and Recreation Center Facility Use Form

Today's Date: Organization Name:

If organization is NCC, please specify which department/division:

Activity/Event Name:

Representative:

If Representative is a staff member of NCC, please indicate which department:

Billing Address:

Phone Number:

Email Address:

Requested Facility Space:

- ❒ ALL LLRC *[LLRC will be closed to all other parties/members for your event]*
- ❒ Multi-use room - Large
- ❒ Multi-use room -#1
- ❒ Multi-use room - #2
- ❒ Large Court
- ❒ Small Court #1
- ❒ Small Court #2
- ❒ Lobby/concessions/kitchen
- ❒ North Fitness Area
- ❒ East Fitness Area
- ❒ Strength Training Area
- ❒ Track

Type of Event [check all that apply]:

- ❒ Non-Profit
- ❒ Profit
- ❒ Academic
- ❒ Athletic
- ❒ NCC Affiliated

Date of ActivityEvent/Class: *[day/month/year/day of the week]*

Time of Activity/Event/Class: *Start time:* *End time:*

[Please include set up and tear down times in your start and end times]

Number of people expected:

Please describe the purpose/topic of your event:

Special equipment/furniture set up required:

- ❒ Yes [if possible, please attach a proposed layout of furniture/equipment set up]
- ❒ No

Special AV/equipment needs:

- ❒ Microphone/Speaker system
- ❒ Screen(s)
- ❒ Computer/Internet
- ❒ Stereo/CD player
- ❒ TV/VCR/DVD
- ❒ Tables - please indicate anticipated #:
- ❒ Chairs - please indicate anticipated #:
- ❒ Podium
- ❒ Fitness Equipment - please specify:
- ❒ Other - please specify:

Will food be served at this event?

- ❒ Yes
- ❒ No

If yes, please specify:

- ❒ Light refreshements
- ❒ Meal
- ❒ Concessions for attendees
- ❒ Beverages only
- ❒ Other - please specify:

[over]

Additional notes/information that may be pertinent to the facility use

and the approval process:

*Additional charges may be incurred for facility use including: additional hours for LLRC staff/NCC maintenance staff due to additional opening/closing hours, setup/teardown, clean up; use of additional equipment/technology; etc. If your event requires more equipment/tables/chairs than the LLRC is able to provide, we will work with you to acquire/rent additional equipment/tables/chairs. This could require billing your organization for any additional fees incurred through this process.

The undersigned Representative has requested use of the facility/equipment as listed. As the Representative for the requesting organization, I hereby release NCC and the LLRC from any liability during my organization's event and accept full responsibility and liability for all parties involved/participating in my event. I had read the policies and procedures for use of the LLRC, I have relayed that information to my organization, and I will ensure that we adhere to those policies and procedures.

Representative Signature Date

LLRC OFFICE USE:

Facility Use Approved: ❒ Yes ❒ No

If no, reason(s) for denial:

Coordinator of Lifelong Learning and Recreation Center Signature Date