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:  

<table>
<thead>
<tr>
<th>Type of Event [check all that apply]:</th>
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</thead>
<tbody>
<tr>
<td>☐ Non-Profit</td>
</tr>
<tr>
<td>☐ Profit</td>
</tr>
<tr>
<td>☐ Academic</td>
</tr>
<tr>
<td>☐ Athletic</td>
</tr>
<tr>
<td>☐ NCC Affiliated</td>
</tr>
</tbody>
</table>

Date of Activity/Event/Class:  
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:  

<table>
<thead>
<tr>
<th>Will food be served at this event?</th>
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<tbody>
<tr>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
</tbody>
</table>

If yes, please specify:  
☐ Light refreshments  
☐ Meal  
☐ Concessions for attendees  
☐ Beverages only  
☐ Other - please specify:  

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

[over]
*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

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LLRC OFFICE USE:  
Facility Use Approved: □ Yes  □ No
If no, reason(s) for denial: ____________________________________________________________

Coordinator of Lifelong Learning and Recreation Center Signature  
Date