



RANDOLPH COMMUNITY COLLEGE

Application for Use of College Facilities

Section I: Applicant Information

Organization: _____ Contact Person: _____
 Phone: _____ Email: _____
 Government agency _____

Section II: Event Information

Date(s) of Event: _____ Time(s): _____
 Type of Area/Facility Needed: _____ Room(s) Assigned: _____
 Will food be served? _____ Number of Attendees _____

Section III: Fees Note: Fees are waived for government agencies except for after-hours use and personnel services

| <u>Personnel Service</u> | <u>Hourly Rate</u> | <u>Number of Persons Requested</u> | <u>Hours Needed</u> | <u>Total Fee</u> |
|--|--------------------|------------------------------------|---------------------|------------------|
| After Hours Attendant | \$ 40.00 | | | \$ - |
| Technical Support | \$ 50.00 | | | \$ - |
| <u>Flat Fees</u> | | | | |
| Housekeeping | \$ 25.00 | | | |
| Room partitioning | \$ 25.00 | | | |
| Room Set-up | \$ 25.00 | | | |
| | | | Total | \$ - |
| Housekeeping will automatically be charged to non-government groups over 100 people or if food is served | | | | |

FCC Setup: Classroom (44) Boardroom (24) Theater (86) Luncheon (56) Circle one

CEIC Setup: One room theater (290) One room classroom (128) Half room classroom (64) Half room theater (145) Circle one

Section IV: Payment of Fees

Check should be made payable to Randolph Community College, and should be remitted to Randolph Community College Business Office 629 Industrial Park Ave. Asheboro NC 27205. Indicate that the payment is for **“facility services fee”**. Payment and reservation must be made in advance at least ten (10) calendar days prior to intended use of facilities.

Section V: Signatures and Approval

On behalf of my organization, I certify that I have read the Randolph Community College **“Facilities and Campus Services Policy”** and do hereby agree to abide by the terms of this agreement. Upon submission of this application, I will provide a **“Certificate of Liability Coverage”** naming Randolph Community College as additional insured.

 (Signature of Applicant or Authorized Representative)
 Email confirmation will be accepted in lieu of signature

 (Date)

 (Signature of RCC Authorized Representative)

 (Date)

| |
|--|
| Certificate of Insurance Provided <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
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