

Coosa Valley Technical College

FACILITIES USAGE CONTRACT

PLEASE RETURN ALL COMPLETED FORMS TO:

Cathy Smith, Facilities Scheduling Coordinator, 1151 Highway 53 Spur, SW, Calhoun, GA 30701

DATE OF REQUEST	NAME OF ORGANIZATION/AGENCY	PURPOSE OF USAGE	
CONTACT NAME	TITLE	EMAIL ADDRESS	FEDERAL EMPLOYEE ID #
MAILING ADDRESS	TELEPHONE NUMBER	FAX NUMBER	CELLULAR NUMBER
EVENT DATE(S)	DAY(S) OF THE WEEK	Reservation: Event:	# PARTICIPANTS
		TIMEFRAME	

(☑) CHECK THE TYPE OF FACILITY REQUESTED: *Usage limit not to exceed 8 hours

FACILITY AREA	LOCATION OF FACILITY	*USAGE FEE	Room # <small>(Room # will be assigned by CVTC)</small>
<input type="checkbox"/> AUDITORIUM	<input type="checkbox"/> FCC <input type="checkbox"/> GCC <input type="checkbox"/> PCC <input type="checkbox"/> BEC	\$400	
<input type="checkbox"/> CLASSROOM - LECTURE ROOM	<input type="checkbox"/> FCC <input type="checkbox"/> GCC <input type="checkbox"/> PCC <input type="checkbox"/> BEC	\$250	
<input type="checkbox"/> COMPUTER LAB (20 COMPUTERS)	<input type="checkbox"/> FCC <input type="checkbox"/> GCC <input type="checkbox"/> PCC <input type="checkbox"/> BEC	\$400	
<input type="checkbox"/> CONFERENCE CENTER – ROOM A	FLOYD COUNTY CAMPUS	\$300	
<input type="checkbox"/> CONFERENCE CENTER – ROOM B OR C	FLOYD COUNTY CAMPUS	\$250	
<input type="checkbox"/> CONFERENCE CENTER – ROOMS B AND C	FLOYD COUNTY CAMPUS	\$400	
<input type="checkbox"/> CONFERENCE CENTER – ROOMS, A, B, AND C	FLOYD COUNTY CAMPUS	\$600	
<input type="checkbox"/> CONFERENCE ROOM	<input type="checkbox"/> FCC <input type="checkbox"/> GCC <input type="checkbox"/> PCC <input type="checkbox"/> BEC	\$250	
<input type="checkbox"/> ECONOMIC DEVELOPMENT BUSINESS CENTER	POLK COUNTY CAMPUS	\$400	
<input type="checkbox"/> OTHER _____	_____	_____	

(☑) CHECK IF ADDITIONAL FEES APPLY:

Technical Support (\$30 x ___ hours = \$___) **AV Usage Support** (\$25 x ___ hours = \$___)

- | | |
|---|--|
| <input type="checkbox"/> COMPUTER LAB (HIGH SPEED INTERNET ~ MEDICARE.GOV WEBSITE)
<input type="checkbox"/> AUDITORIUM OR CONFERENCE CENTER
<input type="checkbox"/> NETWORK SUPPORT
<input type="checkbox"/> OTHER (Please Specify) _____ | <input type="checkbox"/> OVERHEAD PROJECTOR
<input type="checkbox"/> LCD PROJECTOR (CD OR DISK)
<input type="checkbox"/> TV/VCR
<input type="checkbox"/> OTHER (Please Specify) _____ |
|---|--|

(☑) CHECK TYPE OF ROOM ARRANGEMENT NEEDED:

- | | |
|--|--|
| <input type="checkbox"/> BANQUET STYLE
<input type="checkbox"/> BOARDROOM STYLE
<input type="checkbox"/> CLASSROOM - LECTURE STYLE | <input type="checkbox"/> THEATRE STYLE
<input type="checkbox"/> OTHER |
|--|--|

(☑) CHECK DOCUMENTS YOU HAVE ATTACHED:

- SIGNED COMMERCIAL GENERAL LIABILITY INSURANCE CERTIFICATE SIGNED HOLD HARMLESS AGREEMENT (MANDATORY)

TOTAL DOLLAR OBLIGATION _____

SIGNATURE OF PERSON LEGALLY AUTHORIZED TO OBLIGATE THE REQUESTING ENTITY _____ DATE _____

CVTC APPROVAL	DATE & INITIAL
PRESIDENT'S OFFICE _____	
MAINTENANCE _____	
COMPUTER SERVICES _____	