



# OUTSIDE AGENCY FACILITY USE REQUEST

REQUESTER INFORMATION		
REPRESENTATIVE NAME	PHONE NUMBER	EMAIL ADDRESS
ORGANIZATION NAME	FULL BILLING ADDRESS	
COMPANY WEBSITE:		

EVENT DETAILS		
DATE OF EVENT	DAY OF THE WEEK M T W TH F SA	EVENT TITLE
ROOM/SET-UP TIME:	EVENT START TIME:	EVENT END TIME:
NUMBER OF ATTENDEES	CAMPUS CENTRAL      DOWNTOWN      SOUTH	SPACE DESIRED
IS THERE A FEE CHARGED FOR VENDORS OR ATTENDEES TO PARTICIPATE?		IS ALCOHOL BEING SERVED?
YES	NO	YES      NO

EVENT PURPOSE – WHO IS THE EVENT’S AUDIENCE AND WHAT IS THE EVENT’S SIGNIFICANCE?

EVENT NEEDS					
AV NEEDS	LAPTOP	MICROPHONE	PROJECTOR	GUEST WIFI	OTHER:
SET-UP	THEATRE	ROUNDS	SQUARE	CLASSROOM	OTHER:
MISC					

ORGANIZATION AUTHORIZED SIGNATURE		
<p style="font-size: small; margin: 0;">The organization using these premises hereby assures Bates Technical College that it will indemnify and hold the College harmless from any and all claims which may result from use of the premises caused by actions of the organization, its members, guests, representative or employees. The organization is responsible for any and all damages caused to the facility and/or premises as a result of its activities. The organization is responsible for obtaining all licenses, permits, and insurances that may be required to conduct its activities. The College may charge additional fees for costs incurred during the event extending past the agreement time. College facilities must be scheduled at least thirty (30) days in advance. <b>All requests are subject to approval. Request submission does not guarantee reservation or approval.</b> Due to unforeseen circumstances, the College reserves the right to cancel at any time. Signing below also confirms the "Facility Usage Guidelines &amp; Procedures" document has been read and understood by the authorized representative and assumes responsibility of payment for services used of damages to the facilities.</p>		
PRINT NAME	SIGNATURE	DATE

FACILITIES USE ONLY		
COLLEGE APPROVED	REVIEWER SIGNATURE	DATE SIGNED
YES      NO		
50 % DEPOSIT REQUIRED	ESTIMATED COST	FINAL COST BILLED
YES      NO	\$	\$
<p style="font-size: small; margin: 0;"><b>NOTE: THE COST OF SERVICES IS ESTIMATED. FINAL COSTS ACCRUES WILL BE DETERMINED AT THE CONCLUSION OF THE EVENT.</b></p>		
FACILITIES COMMENTS:		
IT Work Order #:		FACILITIES WO #: