

**NORTHEAST STATE***We're here to get you there***FACILITY USAGE APPLICATION**

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Submit completed application to the Vice President for Finance and Administration

INSTITUTION APPROVAL IS CONTINGENT ON THE APPLICANT'S SUCCESSFUL COMPLETION OF ALL FINANCIAL AND/OR INSURANCE OBLIGATIONS AS MAY BE REQUIRED BY THE INSTITUTION.

Name of Organization/Individual:			Contact Person:		
Mailing Address:			Email Address:		
City:	State:	Zip:	Phone:		

Is the billing address the same as above? If not, please indicate where invoices should be sent:

Name:		Phone:		Email Address:	
Mailing Address:		City:		State:	Zip:

Please fill in completely:

Non-Profit Organization (Proof Required)		For-Profit Business or Organization		Other Governmental Agency	
Location Requested:	Ballad Health Center for the Performing Arts	Basler Library	Classroom/s:	Other Location: Building & Room Number (if known)	
			How many?		
Number of people expected: (Accommodation cannot be guaranteed for a larger number than anticipated)			Admission/Registration fee?		Amount:
			Yes No		
Date(s) Requested:		Time Requested (from/to): (daily beginning & ending times)		Date and Time of Performance/s: (if applicable)	
Detailed Description of Activity: Speaker topic, arrival times, performance times and requests for security or custodial services required.					

*** Copies of marketing materials need to be provided to the Marketing Department prior to advertising the event! ***

Please select or list any special needs below:

Custodial Services	Room Setup	Podium	Tables:	Chairs:	Audio-Visual/Multimedia (Contact information will be given when reservation is confirmed)
			How many?	How many?	
Safety and Security: Determination of security and insurance requirements will be solely at the discretion of the Institution.					
Other Needs:					

FOR INSTITUTION USE ONLY

APPROVED	DENIED	Charges	Room Assignment
Total Charges:	Required Deposit:	Facility:	Room/s Assigned:
By:		Security	By:
Date:		Custodial	Date:
Comments:		Technician:	Comments:
		Equipment:	
		Utilities:	

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For questions about accessibility or to request an accommodation, please contact Accessibility Services at accessibility@northeaststate.edu. Requests should be made at least seven (7) working days prior to the event.

Is Northeast State sponsoring this event? _____ Yes _____ No

Are minors participating in the event without parental supervision? _____ Yes _____ No

If you answered yes, please refer to Northeast State policy *Programs for Minors on Campus*

7:05:00 [Click here to view policy](#)

APPLICANT CERTIFICATIONS AND AGREEMENT TO TERMS OF USE: (Please read carefully and sign. Application will not be considered if this section is not completed.)

On behalf of the applicant, I acknowledge by signing below that the Institution has made a copy of TBR Policy 1:03:02:50 and Northeast State Community College Policy 03:09:04 available for review. Applicant understands that submittal of this application shall constitute agreement by applicant to the following conditions, in addition to the conditions described in those policies:

- 1) The intended use of the Institution property and facilities by applicant does not violate, and actual use will not violate, the provisions of the Tennessee Board of Regents Policy on Use of Campus Property and Facilities or any policies or regulations of the Institution, or any federal, state, or local law or regulation.
- 2) Any use of college property and facilities pursuant to this application that is contrary to such policies, laws, or regulations or that is inconsistent with the activity as described in this application constitutes grounds for the institution to remove the activity from college property.
- 3) Applicant agrees to indemnify the institution and hold it harmless from liabilities arising out of applicant's use of institution property and/or facilities, including but not limited to personal injury, property damage, court costs or attorney fees.

I hereby acknowledge that I have read the Applicant Certifications and referenced policies, and agree to abide by these requirements. [Click here to view these policies.](#)

Name of Applicant:

Applicant Signature:

Date:

Please mail or email the completed form to:

Northeast State Community College
PO Box 246
2425 Highway 75 Blountville, TN 37617
Phone: (423)279-7665

Attn: Vice President for Finance & Administration; facilitiesuse@northeaststate.edu

Reservations for use of facilities are confirmed when the applicant receives notification from Northeast State Community College authorizing the request. Due to the high demand for rooms, we will not confirm, pencil-in, or otherwise reserve space for non-affiliated groups by phone or verbal agreement. If there is any question as to the approval of your application, or if confirmation has not yet been received, please contact the office of Information Technology and ask to speak with the staff member that coordinates facility rentals.