WALTERSState
THE GREAT SMOKY MOUNTAINS COMMUNITY COLLEGE

Director of Facilities Scheduling
500 S. Davy Crockett Parkway, Morristown, TN 37813-6899
Office: (423) 318-2723 Fax: (423) 585-2628 Email: leann.long@ws.edu

FACILITY USAGE APPLICATION

Fill in application completely and sign Applicant Certification section. Submit application to Director of Facilities Scheduling.

I. INSTITUTION APPROVAL IS CONTINGENT ON THE APPLICANT'S SUCCESSFUL COMPLETION OF ALL FINANCIAL AND/OR INSURANCE OBLIGATIONS AS MAY BE REQUIRED BY THE INSTITUTION. Determination of security requirements will be solely at the discretion of the Institution.

Please type or print:

Name of Organization/Individual: _____   Contact Person: _____

Mailing Address: _____   Phone Number: _____

City: _____ State: _____ Zip: _____ Email Address: _____

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   ☐ Governmental Agency   ☐ Other: _____

Location Requested: ☐ WSCC (Morristown)   ☐ WSCE (Claiborne County) ☐ WSGC (Greeneville Campus)   ☐ WSSC (Sevierville Campus)

Building & room information (if known): _____   ☐ Expo Center (request will be forwarded to the Executive Director)

Number of people expected: _____
(Accommodation cannot be guaranteed for a larger number than anticipated)

Admission/registration fee?
☐ No   ☐ Yes: Amount: **$** _____

Date(s) Requested:	**Time Requested (from/to):** (include set-up/tear-down times)	**Actual Start time of Event:**
_____	_____	_____
_____	_____	_____
_____	_____	_____

Detailed Description of Activity (indicate name and general topic if a speaker): _____

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

Please list any special needs below:

☐ **Food Service:** The Institution's food service providers require first right of refusal for all catering needs on the Morristown, Greeneville, and Sevierville campuses.

☐ **Room Setup** (Check all that apply)**: Tables:** _____ How many? _____ **/ Chairs:** _____ How many? _____ **/ Podium:** _____ **/ Other:** _____

☐ **Technical** (e.g., special software, computer/wireless access, sound, etc.): _____

OTHER: _____

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 Tennessee Board of Regents (TBR) Policy No.1:03:02:50, TBR Policy No. 1:03:02:10, TBR Guideline B-026, WSCC Policy No. 08:14:00 and WSCC Policy No. 08:14:01 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.

Signature of Applicant or Authorized Representative: _____   **Date:** _____

Reservations for use of facilities are confirmed <u>when</u> the applicant receives notification from Walters 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 Coordinator of Facilities Scheduling at 423-318-2723.

FOR INSTITUTION USE ONLY:
☐ APPROVED   ☐ DENIED

By: _____

Date: _____

Comments: _____

Charges:

Facility: _____

Custodial: _____

Security: _____

IT Technician: _____

Equipment: _____

Electrician: _____

Other: _____

Total Charges: $ _____

Deposit Due: $ _____

Balance after Dep.: $ _____

Date Dep. Paid: _____

Payments Made on Account:

Date: _____ Amount: $ _____

Date: _____ Amount: $ _____