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| **FACILITY USAGE APPLICATION**  |  | Page 1 of 2 |

 **Applicants submit completed application to the designated campus contact listed in Attachment A.**

**\_\_\_\_\_\_\_\_**

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

**Please type or print:**

Name of Organization/Individual: Contact Person: \_\_\_\_\_\_

Mailing Address:

 State:

\_ \_\_

 Zip:

 Phone Number: \_\_\_\_\_\_

City: Email Address: \_\_\_\_\_\_

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

Name: \_\_\_ Phone: Email Address: \_\_\_\_\_\_

**Note:** Any affiliated entity or affiliated individual or non-affiliated entity or individual wishing to assemble, demonstrate, distribute literature or engage in similar public activity on one of the Roane State campuses must complete the request (application) at least five business days in advance of the desired date of the activity. The Vice President for Business and Finance or designee will review the requests that relate to or will take place on the Roane County Campus. The appropriate Site Director will review the request for the other Roane State higher education centers. Approval or denial of the request will be in writing and may take the form of an email message. Disapproval of the request to use the designated areas will include a statement regarding the basis for the disapproval. RSCC GA-06-01 governs such activities and designates areas on each campus where such activities may occur.

**\*\* Copies of marketing materials need to be provided to the designated campus contact prior to advertising the event! \*\***

**Please list any special needs below:**

 **Food Service: Harriman Campus and Oak Ridge Branch Campus events must use College food service vendor.**

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

 **Audio/Visual:**\_ Arrangements will be made through the Audio Visual Services. Contact information will be given when reservation is confirmed.

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 **Safety and Security (describe special needs):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **OTHER**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FOR INSTITUTION USE ONLY:**  Total Charges: $

 APPROVED DENIED Charges : Deposit Due: $

 Balance after Dep.: $

Date:  Facility: Date Dep. Paid: $ Comments:  Payments Made on Account:

Custodial:

Security:

Technician:

Equipment:

Date: Amount: $

By:: Utilities:

TBR 2012

 RSCC Policy Number: GA-06-02

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| **FACILITY USAGE APPLICATION**  |  | Page 2 of 2 |

 **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 GA-06-01 and GA-06-02 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. Any liability of the applicant to institution and third parties for any claims, damages, losses, or costs arising out of or related to acts performed by the university under this agreement will be governed by the Tennessee Claims Commission Act, Tenn. Code Ann. §§ 9-8-301, et. seq.

I hereby acknowledge that I have read the Applicant Certifications and referenced policies, and agree to abide by these requirements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Applicant

 By: Date:

Please mail or fax the completed form to the designated campus contact as indicated in Attachment A.

 **Reservations for use of facilities are confirmed when the applicant receives *official* notification from Roane 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 designated campus contact in Attachment A.**

TBR 2012

Attachment A

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| **FACILITY USAGE CAMPUS CONTACTS** |
| **Roane County Campus (Harriman excluding Princess Theatre and O’Brien Theatre)** Jeremiah JohnsonEmail: Johnsonjt1@roanestate.edu Phone: 865-882-4590Fax: 865-882-4521Address: 276 Patton Lane; Harriman, TN 37748 | **Princess Theatre & O’Brien Theatre****(Harriman)** Courtney Minton Email: mintoncl1@roanestate.edu Phone: 865-354-3000 ext. 4856Fax: 865-285-3305Address: 276 Patton Lane; Harriman, TN 37748 |
|  |
| **Anderson County Campus (Oak Ridge)**Sandy VannEmail: vannsl@roanestate.eduPhone: 865-481-2000 ext. 4802 or 2301Fax: 865-481-2018Address: 701 Briarcliff Avenue; Oak Ridge, TN 37830 | **Knox County Campus – Center for Health Sciences (Knoxville)**Kirk HarrisEmail: harrisk@roanestate.edu Phone: 865-539-6904Fax: 865-539-6907Address: 132 Hayfield Road; Knoxville, TN 37922 |
| **Campbell County Campus (LaFollette)**Sharon WilsonEmail: wilsonsw@roanestate.edu Phone: 423-562-7021Fax: 423-562-7022Address: 201 Independence Lane; LaFollette, TN 37766 | **Loudon County Campus (Lenoir City)**Susan WilliamsEmail: williamssm@roanestate.edu Phone: 865-986-1525Fax: 865-988-8878Address: 100 West Broadway, Suite 131; Lenoir City, TN 37771 |
| **Cumberland County Campus (Crossville)**Dewayne McGheeEmail: mcgheefd@roanestate.edu Phone: 931-456-9880Fax: 931-456-1933Address: 2567 Cook Road; Crossville, TN 38571 | **Morgan County Campus (Wartburg)**Melody KeesEmail: keysm@roanestate.edu Phone: 423-346-8700Fax: 423-346-2168Address: 150 Longview Drive; Wartburg, TN 37887 |
| **Fentress County Campus (Jamestown)**Cheryl TaysEmail: taysca@roanestate.edu Phone: 931-752-8320Fax: 931-752-8319Address: 632 N. Main Street; Jamestown, TN 38556 | **Scott County Campus (Huntsville)**Skip JonesEmail: jonesfd1@roanestate.edu Phone: 423-663-3878Fax: 423-663-3877Address: 410 W. H. Swain Boulevard; Huntsville, TN 37756 |