



BC FACILITIES REQUEST FORM

Brevard College Central Scheduling Office: 1 Brevard College Drive, , Brevard, NC 28712
 Coordinator: Beverly Smith-Plemmons

Today's Date _____

****PLEASE WRITE CLEARLY****

Event Date and Day of the week _____ Event Start Time _____ Event End Time _____

Rehearsal Yes No Date(s) and Time(s) _____

Name of Event _____

Facility Requested _____ Estimated Attendance _____

Facility Use Start Date and Time _____ End Date and Time _____

Contact Person _____ Organization _____

Mailing Address _____

Home Telephone _____ Work _____ Cell _____

Please complete the following section for any resources requested from Brevard College. Additional rental/tech fees may apply.

EQUIPMENT	NUMBER	DIAGRAM FOR SPECIAL ROOM ARRANGEMENTS
Tables		
Chairs		
Other		
Facility Fees \$ _____ Deposit required \$ _____ Proof of insurance _____ Food Service: Yes <input type="checkbox"/> No <input type="checkbox"/> Tech needed: Yes <input type="checkbox"/> No <input type="checkbox"/>		

- All **Food Service & Linen requests** must be request directly from Brevard Colleges Myers Dining Service Director. Contact : Mr. Sarjit Singh (cell) 828-582-5020 (email) singhs@brevard.edu
- All Off Campus Group events require a certificate of specific liability insurance coverage and a signed Facilities Use Agreement with payment. Please contact the Coordinator of Event Planning and Central Scheduling for more details.
- Additional cleaning fees will be charged for any group leaving facilities in a condition deemed beyond normal use.
- Changes to existing reservations must be submitted **72 hours prior to the event**, changes after this time will not be guaranteed and will incur additional charges.

I hereby agree to comply with all policies and conditions pertaining to facility and equipment use as set forth by

Organization _____ Date _____

Accepted by _____ Date _____

For Brevard College _____ Date _____