

Facility Use Request Form – External Customer

Group Information			
District/Organization Name:			
District/Organization Address:			
City:	State:	Zip:	
Contact Person:		Contact Phone #:	
		Contact Person Cell #:	
Room Request Information			
Date(s) Requested:		Time Requested:	
From:	To:	From:	To:
Activity Description:			
Approx. # Attending:			

I hereby agree to the following guidelines while using the facilities:

- Proof of liability insurance is required
- In accordance with Ohio Revised Code 3709.20, smoking is prohibited within this facility
- Alcoholic beverages are prohibited
- The facility will be left in the condition it was found
- The group will be responsible for any damages that occur
- Coffee is available at a cost of \$3.00 per pot. Prior arrangements must be made
- Reservations are tentative pending approval
- Payment of facility rental fee:
 - (✓): ___ \$200.00 up to 4 hours/\$400.00 up to 8 hours rental fee & on site attendant for weekends
 - (✓): ___ \$200.00 rental fee for evenings / up to four hours
 - (✓): ___ \$150.00 rental fee during business hours

Requester's Signature _____

Date _____

Office Use Only

Room Assigned ___ Room 129 (max 10)
 ___ Auditorium (max 30)
 ___ Conference (max 80) [Room Setup Instructions](#)
 ___ Coffee Requested

Approval Status

___ Approved Reason Denied
 ___ Denied

Office Signature _____

Date _____

Return form to: Jerry Oberdorf/HCESC