

## Facility Use Request Form

**This form is to be completed by individuals or groups applying to use/rent the North Carolina Cooperative Extension - Currituck County Center facilities.**

1. Applicant Name: \_\_\_\_\_

2. Applicant Address: \_\_\_\_\_  
\_\_\_\_\_

3. Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

4. Please check facility/facilities that will be needed:

_____ Classroom A	_____ Conference Room
_____ Classroom B	
_____ Classroom C	_____ Auditorium
_____ Classroom D	

5. Date and time facility will be needed:

Date: \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_  
*Note: No admittance before 8 am or after 10 pm without prior approval.*

6. Estimated attendance: \_\_\_\_\_  
Describe activity to be scheduled: \_\_\_\_\_  
\_\_\_\_\_

7. Custodian needed \_\_\_\_\_ yes \_\_\_\_\_ no. If yes, time needed: \_\_\_\_\_  
**Fee for custodian is \$20.00 per hour**

8. **All organizations using or renting the facilities must be familiar with the policies and procedures governing the use of the facility. If a copy of the "North Carolina Cooperative Extension - Currituck County Center Policies and Procedures" is not attached to this Facility Use Request Form, please ask the Administrative Assistant to provide you with a copy.**

*I have read and agree to abide by the regulations governing the use of the NCCE-Currituck County Center. I do also agree to hold blameless the NCCE-Currituck County Center staff, Currituck County Board of Commissioners, and the Currituck County Extension Advisory Council from any and all claims for damages, personal or otherwise, that may occur during the use of this facility. I agree to be responsible for all damages. The undersigned further certifies that he/she is the authorized representative to act for and accept responsibility for the applying organization.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

North Carolina Cooperative Extension, Currituck County Center  
120 Community Way, Barco, NC 27917 Telephone: 252-232-2261

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_  
County Extension Director

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Office use only

Total Rental Fee required \$ _____	Deposit enclosed \$ _____	Date received _____
Total Custodian Fee \$ _____	Balance due \$ _____	Date received _____