

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.

2. Applicant Address: Cell:	1.	Applicant Name:			
4. Please check facility/facilities that will be needed: Classroom A	2.	Applicant Address:			
Classroom A Conference Room Classroom B Auditorium Classroom C Auditorium Classroom D Auditorium Date: Time: From To To	3.	Telephone: Home: _	Cell:	Work:	
Classroom B Classroom C Classroom D 5. Date and time facility will be needed: Date:	4.	Please check facility/f	facilities that will be need	led:	
Classroom C Classroom D 5. Date and time facility will be needed: Date: Time: From To				Conference Room	
Date: Time: From To		Classro	oom C	Auditorium	
6. Estimated attendance:	5.]	Date and time facility	will be needed:		
7. Custodian needed]	Date: Note: No adm	Time: F	rom To 0 pm without prior approva	<u>I.</u>
7. Custodian needed	6.]	Estimated attendance: Describe activity to be			
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 age to be not accounty Center staff, Currituck County Board of Commissioners, and the Currituck Extension Advisory Council from any and all claims for damages, personal or otherwise, that may occur during the use of facility. I agree to be responsible for all damages. The undersigned further certifies that he/she is the authorized represent to act for and accept responsibility for the applying organization. Signature			yes no. If yes,		
Extension Advisory Council from any and all claims for damages, personal or otherwise, that may occur during the use of facility. I agree to be responsible for all damages. The undersigned further certifies that he/she is the authorized represent to act for and accept responsibility for the applying organization. Signature North Carolina Cooperative Extension, Currituck County Center 120 Community Way, Barco, NC 27917 Telephone: 252-232-2261 Total Rental Fee required \$ Deposit enclosed \$ Date received	8	All organizations usi procedures governin Extension - Currituo Facility Use Request	ing or renting the facilit og the use of the facility. ek County Center Polici	If a copy of the "Nort es and Procedures" is	ch Carolina Cooperative not attached to this
North Carolina Cooperative Extension, Currituck County Center 120 Community Way, Barco, NC 27917 Telephone: 252-232-2261 Total Rental Fee required \$ Deposit enclosed \$ Date received	Extension facility	n Advisory Council from a Lagree to be responsible t	any and all claims for damage for all damages - The undersis	es, personal or otherwise, the oned further certifies that he	County Center. I do also agree issioners, and the Currituck Coun at may occur during the use of the she is the authorized representati
Total Rental Fee required \$ Deposit enclosed \$ Date received	;	Signature		Date	
		1	North Carolina Cooperative Exte 20 Community Way, Barco, NC	ension, Currituck County Center 27917 Telephone: 252-232-226	51
APPROVED BY DATE					
County Extension Director	APPR	OVED BY	nty Lytongian Director	DATE	