



Please forward the completed
Application to:
 Administrative Associate
 Department of Administrative Services
 Carroll Community College
 1601 Washington Road, Room A230
 Westminster, MD 21157

FOR RESOURCE 25 SCHEDULER ONLY
 ROOM ASSIGNED: _____
 CONFIRM SENT: _____
 DENIED: _____
 Breakout Rooms Used
 In conjunction with Theater Use

Theater Coordinator (Signature)

APPLICATION FOR COMMUNITY USE OF COLLEGE FACILITIES

EXCEPT Scott Center Theatre and Lobby

REQUESTED DATE(S): _____ TIMES(S): _____ START: _____

REQUESTED DAY(S): M T W H F S U (Please Circle) STOP: _____

We, the undersigned, are duly authorized representatives of:

_____ (Organization or Group)

 (Street Address) (City) (State) (Zip Code)

and hereby request the use of: _____
 (Campus/Building and Room Number(s) of known)

of Carroll Community College for the following purpose(s): _____

Due to security concerns, non-college computers (laptops and other computing devices) are not allowed to connect to the college network. Internet access is available via the college's Guest Network.

Facility use is pending until an acceptable Certificate of Insurance naming Carroll Community College and the Carroll County Commissioners as additional insured is received, reviewed and approved evidencing coverage limits as specified in the Policies and Procedures for Community Use of College Facilities. Events may be canceled at the college's sole discretion if not received.

Expected number of people participating in this event: _____

Food/Drink Required: Yes _____ No _____ **PLEASE NOTE: Food and/or beverages may NOT be brought into the facility by an outside caterer or by any other means. Food/beverage/catering service must be provided by the College's food service vendor. Failure to follow this requirement may result in denial of future room use. Signing below acknowledges user's understanding of this requirement.**

We, the undersigned agree to be present during the activity as the responsible organization representatives and agree to the terms of use as stated in the Policies and Procedures for Community Use of College Facilities.

1. _____
 (Print name and Telephone)

2. _____
 (Print name and Telephone)

 (Address)

 (Address)

 (Signature) (Date)

 (Signature) (Date)

The _____ (name of organization) hereby agrees to release, discharge, indemnify, and hold harmless, the Carroll County Commissioners, Carroll Community College, its Board of Trustees, officers, agents, employees, volunteers, directors, successors and assigns from any and all claims, demands, damages, costs, and suits arising, occurring or resulting from any loss, damage, injury, liability, expense, or action that may arise from the use of the premises. Furthermore, in consideration for the permission to use the premises, the organization agrees to accept responsibility and liability for any injury or damage to any person or property resulting from the organization's use of the premises.

Signature – Organization Leader

OFFICE USE ONLY

Permission is hereby granted for the use of the facilities on the campus of Carroll Community College to the organization listed above for the date and hours requested, subject to the College's rules and regulations.

Approved: _____
 Director of Facilities Management

Date: _____