

Greenville Technical College Facility Rental Request Form

FOR OFFICE USE ONLY
Date Received
College Approval

Organization and Event Information	
Organization Name:	Tax ID #
Organization Type:	Refer to Fee Schedule
Name of Event:	
Desired Facility:	
Requested Dates(s):	
Requested Time(s): From:	<i>To:</i>
Nature / Purpose of Event:	
Number of Attendees:	
Audio Visual / Equipment Needs:	
Please contact your Campus Scheduler to arrange for facility. Renter is solely responsible for proper operat	specific technology needs or to schedule a technology walk-thru for requested ion of all college equipment.
Will you be promoting fundraising activities thro	ugh the use of college facilities? Yes No
Will you charge a fee to participants for attending	ng event? (ex. ticket sales, merchandise, etc.)
	ff color, lewd, or otherwise offensive to the general No
Does organization carry liability insurance?	
Is the group affiliated with Greenville Technical <i>If yes, please describe:</i>	College? Yes No
Is the group affiliated with any state, national, of If yes, name affiliation:	or international organization? Yes No
Does organization exclude from membership or anyone by reason of race, creed, color, religion,	attendance at events under your sponsorship or place of origin?
Billing and Contact Information	
Contact: Last name:	First name:
Billing Address: Street Address:	Apartment/Unit #
City	State ZIP Code
Primary Phone: ()	Alternate Phone: ()
Email Address:	
Organization's On-Site Representative Co	ntact Information
Contact: Last name:	First name:
Cell Phone: ()	
Email Address:	
	an emergency messaging system. In the event of an emergency on campus, text and/or courage you to participate in this optional service. If you wish to do so, please check the

box to the left. By providing your cell phone number, you consent to any text messaging charges imposed by your mobile provider.