

V.G. JAMES & EXTENSION CONFERENCE CENTER

FACILITY RESERVATION FORM

Preliminary Request:

1. Person Making Request: _____
Address: _____
Phone: _____ Email: _____
2. Proposed Meeting: Date: _____ Start Time: _____ End Time: _____
3. Anticipated Number Attending: _____
4. Organization Conducting Meeting: _____
5. Subject of Meeting: _____
6. Meal Served: Yes _____ No _____ Kitchen Use: Yes _____ No _____
7. Set-Up Required: _____

NOTE: A DIAGRAM MUST BE SUBMITTED PRIOR TO EVENT. TABLES AND CHAIRS WILL BE SET UP ACCORDING TO DIAGRAM/NUMBER ATTENDING GIVEN. THERE WILL BE AN ADDITIONAL CHARGE FOR ANY CHAIRS AND TABLES REQUIRED AFTER SET UP.

8. Signature: By signing I acknowledge that I have received and read the use policy governing use of this facility and the waiver statement below and **understand that I/we are responsible for compliance with these policies.**

Name _____ Date _____

Waiver Statement: The undersigned as representatives for the user organization does hereby release North Carolina State University, the Trustees and all officers and agents of said North Carolina State University of any and all responsibility or liability, claims or demands resulting from injury or personal property damage sustained by the user organization members or personal injury or property damage of others caused by the user organization or because of participation in this organization reservation.

Action Taken

1. Fee: _____

Concluding Information

1. Actual Number Attended: _____
2. Caterer: _____
3. Comments: _____

**** PLEASE NOTE THAT A \$50.00 CLEANING FEE WILL BE CHARGED IF FACILITY IS NOT LEFT IN ACCEPTABLE CONDITION.**