



Dennis A. Wicker

1801 Nash Street ~ Sanford, NC 27330
Telephone (919) 776-0345 ~ Fax (919) 776-8739
EMail: kfaucette@cccc.edu

A subsidiary of Central Carolina Community College

Name of Event: _____

Organization Name: _____

If NON PROFIT Tax Exempt I D Number REQUIRED: _____

Contact Person: _____ Title _____

Address: _____ Presenter: _____ Tele _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Fax # _____

Daytime Phone Number: _____ Evening # _____

RENT FOR 8 CONSECUTIVE HOURS- OVER 8 HOURS- A PER HOUR CHARGE WILL BE ADDED/SATURDAY CHARGE OF \$ 25.00 FOR MAIN HALL

- Area Desired For Use () Main Exhibit Hall
() 3/4 Main Exhibit Hall
ALCOHOL _____ () 1/2 Main Exhibit Hall
() Quad _____
NON-ALCOHOL _____ () Lecture Hall
() Meeting Room () 102 () 104
() Conference Room
___ YES Dishes () LOBBY (Shared Area- FEE TO RENT)
() Kitchen
___ NO Dishes () Computer Room 103
() Concession Stand
() Board Room Suite ___ Yes Meal ___ No Meal

NOTE: ALL EVENTS MUST END BY MIDNIGHT

Date: _____ Set-Up Time _____ To: _____
Event Time _____ To: _____

Date: _____ Set-Up Time: _____ To: _____
Event Time: _____ To: _____

Brief Description of Event: _____

Estimated Attendance: _____

Over Please

Please estimate the numbers of people attending your event that may stay in are hotels/motels _____

If staying in area hotels/motels which ones will your guest stay at?

How did you learn about our facility?

Equipment Needs (These items must be requested in advance and additional charges may apply)

_____	Microphone(s) ____	_____	Flip Chart
_____	Slide Projector	_____	Pot of Coffee__
_____	Overhead Projector	_____	Podium
_____	VCR with Monitor	_____	Piano (Main Hall)
_____	LCD Projector	_____	Coffee Pot Only __

The person, persons, or organizations to which a lease is issued shall be liable for any loss, damage, or injury sustained by any persons or organizations to which such a lease shall have been issued. The Management, at their discretion, may require public liability insurance as they deem to be in the best interest of the Dennis A. Wicker Civic Center. The undersigned certifies that he/she is familiar with the Civic Center policies and regulations. The undersigned and renting party agrees to abide to and enforce the policies and regulations set forth by Center Management and or Dennis A. Wicker Civic Center Board of Advisors. The undersigned person will be directly responsible and liable to the Management and the Dennis A. Wicker Civic Center Board and will represent the leasing/renting organizations concerning ALL matters involving the usage of the Dennis A. Wicker Civic Center by the undersigned organization. The undersigned further certifies that he/she is the authorized representative to act for and accept responsibility for the leasing organization.

Upon signing our Application for Use form you are committed to our fee payment schedule which is—**CANCELLATION** of event within 60 days of Event Date will **FORFEIT** deposit and **CANCELLATION** within 45 days of Event Date will **FORFEIT ALL FEES**. You will be invoiced.

Signature_____

Person signing must be 21 years of age

Date_____

For Office Use Only

Date Received: _____ by: _____

Recorded In System: _____ by: _____

Request: _____ Approved By: _____

Denied (Reason) _____

