

www.dawcc.com

Make checks payable to: C C C C



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A subsidiary of Central Carolina Community College

Name of Event for SIGNAGE: _____

Organization Name: _____

Private ___ Non-Profit ___ Commercial ___ If Private are you charging money
at the gate ___ yes or ___ no?

Tax Exempt ID Number OR Social Security # **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 \$ 40.00 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 |
| ___ Yes Meal ___ No Meal | () | Board Room Suite ___ Yes Meal ___ No Meal |

NOTE: ALL EVENTS MUST END BY MIDNIGHT (No exceptions)

Day of Week: _____

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

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

Brief Description of Event: _____

Estimated Attendance: _____

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

Over Please

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 __
_____ Screen	_____ DVD Player

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 this 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.

If deposit is NOT received within 10 consecutive days after receipt of Application for Use the Dennis Wicker Civic Center Director can cancel the event.

It is the client responsibility to contact The Dennis Wicker Civic Center Business Office to advise if client contact information changes. It is imperative that we contact our clients in the event of an emergency or set up questions.

Signature _____
Person signing must be 21 years of age Fed ID# or Social Security REQUIRED
Date _____
for REFUND

For Office Use Only

Date Received: _____ by: _____

Recorded In System: _____ by: _____

Request: _____ Approved By: _____

Denied (Reason) _____

