

DALLAS CAMPUS
 201 Hwy 321 South
 Dallas, NC 28034
 704-922-6406
 Jennifer Phillips
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KIMBRELL CAMPUS
 PO Box 1044
 Belmont, NC 28012
 704-825-6256
 Sandy Hamilton
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Application for Use of College Facilities

Organization: _____ Contact Person: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Telephone: _____ Fax: _____ E-mail: _____
 Facility Requested: _____ Date and Time Requested: _____
 Purpose of Use: _____ Estimated number of people attending the event: _____

Audio Visual assistance needed: Yes No Dates and times needed: _____

Housekeeping needed: Yes No Dates and times needed: _____

Visuals: Computer Projector Screen Video Projector White Marker Board

Piano: Yes No Location: _____

Audio: Built-in podium Hardwired floorstands Wireless lavalier Wireless handheld

Dallas Campus

Myers Center Multipurpose Auditorium: _____ # of tables _____ # chairs per table _____ arranged

Cafeteria: _____ # of tables _____ # chairs per table _____ arranged

Kimbrell Campus

Kimbrell Classroom Auditorium: _____ # of tables _____ # chairs per table _____ arranged

Rental Guidelines

- Deposits are non-refundable and do not apply to the balance of your contract.
- All rentals are cancelled if College closes due to inclement weather.
- All College facilities are "smoke free."
- The user must provide adequate liability insurance. Gaston College **is not** responsible for personal injuries or property damages sustained by individuals while on the premises in connection with the rental of facilities.
- Users must remove all items or properties brought into the facility within 24 hours of the close of the event.
- The college prohibits possession and use of alcoholic beverages on campus.
- Payment of all charges is due ten days prior to rental.

The undersigned certifies that he/she has read and agrees to the regulations governing the facility usage as stated on the accompanying pages. The undersigned further certifies that he/she is the authorized representative to act for and accept responsibility for the use of the facility. The undersigned must also comply with campus security directives and requests.

Signature: _____ Date: _____

For office use only:

Rent: _____
 AV: _____
 Housekeeping: _____
 Security: _____
 Contract Fee: _____
 Balance Due: _____

Payment Information:

Name (As it appears on card): _____
 Credit Card #: _____ Expires: _____
 Signature: _____ Date: _____