

**MOUNT MARY COLLEGE
FACILITY USAGE APPLICATION**

A *Facility Usage Application* must be completed for each event that the user is requesting take place at Mount Mary College. The application will be made part of the agreement between the user and Mount Mary College, and the user shall warrant the accuracy of the information provided below. Submitting an application does not guarantee that the facility will be made available to the applicant. Mount Mary College will determine if application requirements have been met, and issue a *Facility Use Agreement and Release* only after all submittals have been received.

Please complete the following information.

Sponsor Information:

Name of Contact Person: _____

Name of Organization: _____

Organization's Website: _____

Description of Organization's Mission and Membership: _____

Address of Organization: _____

Telephone Number: _____ Alternate Telephone Number: _____

Email Address: _____ Fax Number: _____

If organization is tax exempt, provide CES no.: _____

(If multiple organizations are sponsoring event, please include all of the above information for each organization on an attachment.)

Has contact person, chaperones, or other organizers/leaders who will be present at event ever been convicted of a felony? If so, describe. _____

Purpose of Event:

Educational (describe): _____

Religious (describe): _____

Social Justice Advancement (describe): _____

Other (describe): _____

Date/s of event: _____

Time/s of event: From _____ To _____

Briefly describe the event: _____

Event Details:

Number of guests/participants anticipated: _____

Ages of guests/participants: _____

Gender of guests/participants: No. of males: _____ No. of females: _____

Number of people coordinating/chaperoning event: _____

Number of parking spaces required: _____

Will food be served? _____
(If food service is required, arrangements must be made with and paid to the college's food service provider.)

Will alcohol be served? _____
(If alcohol is requested, arrangements must be made with and paid to the college.)

Will a band or disc jockey be entertaining? _____ If yes, type of music _____

Will any vendor or service provider be present as part of the event? If so, describe. _____

Room/space requested: _____

Setup requirements: _____

Audio/visual or public address equipment requested: _____

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Items to be submitted with application:

1. Copy of certificate of insurance naming Mount Mary College as additional insured (\$1,000,000 per occurrence) or equivalent.
2. \$150 (\$200 for dining rooms) deposit, which will be returned if application is not approved and applied to the final bill if approved. Please make check out to Mount Mary College.
3. Signed and Initialed *Mount Mary College Facility Usage Terms and Conditions*.

Applications will be processed promptly and applicant will be informed of the decision as soon as possible.

Authorized signatories:

Mount Mary College

User/Applicant

Name: _____

Name: _____

Date: _____

Date: _____

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FOR MOUNT MARY USE ONLY:

Cost Calculation:

Facility:

Room/Space #1:	_____	Cost:	_____
Room/Space #2:	_____	Cost:	_____
Room/Space #3:	_____	Cost:	_____
Room/Space #4:	_____	Cost:	_____
Room/Space #5:	_____	Cost:	_____
Room/Space #6:	_____	Cost:	_____
Room/Space #7:	_____	Cost:	_____

Security Officer/s:	_____	Cost:	_____
Special Waste/Recycling Services:	_____	Cost:	_____
Special Custodial Services:	_____	Cost:	_____
Estimated Staff time:	_____	Cost:	_____
Other Services:	_____	Cost:	_____
Sales Tax (or CES Number):	_____	Cost:	_____

Total Cost: _____

Calculated by: _____

Date: _____