



# Coastal Alabama Community College Facility Usage Form

## Policy

1. Please complete the form below in its entirety and return to: [Joni.Lambert@CoastalAlabama.edu](mailto:Joni.Lambert@CoastalAlabama.edu)
2. Questions should be referred to Joni Lambert by email or by phone (251) 580-2207
3. The College requires all organizations and private businesses to provide a certificate of insurance listing the College and assignees as additional interest on the policy for the time period of use.

## Organization Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name of Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

501C3 Designation: \_\_\_ Y \_\_\_ N: If Yes, a copy of your IRS designation form must be provided.

**Which best describes your organization (you must check at least one):**

\_\_\_ Local Gov                      \_\_\_ County Gov                      \_\_\_ State Gov                      \_\_\_ Federal Gov  
 \_\_\_ Educational Agency/Institute    \_\_\_ Social Organization                      \_\_\_ Cultural Organization  
 \_\_\_ Political Organization                      \_\_\_ Charitable Organization                      \_\_\_ Professional Organization/Association

Name of Event: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

## Facility Information

Date(s) of Event: \_\_\_\_\_

Begin Time: \_\_\_\_\_ End Time (Factor in Breakdown & Clean-up) \_\_\_\_\_

Rehearsal Dates (If Applicable): \_\_\_\_\_

Begin Time: \_\_\_\_\_ End Time (Factor in Breakdown & Clean-up) \_\_\_\_\_

Campus: \_\_\_\_\_ Facility/Room Requested: \_\_\_\_\_

Expected Number of Participants? \_\_\_\_\_ Admission/Fee Charged? \_\_\_ Y \_\_\_ N

If Yes, Amount \$ \_\_\_\_\_ Purpose of Admission: \_\_\_\_\_

Will Sales of Services/Products be a part of the Event? \_\_\_ Y \_\_\_ N

If Yes, please explain \_\_\_\_\_

Is the event Co-sponsored by Coastal Alabama Community College? \_\_\_ Y \_\_\_ N

If yes, provide the name of the College employee who approved this arrangement: \_\_\_\_\_

