

COLUMBIANA COUNTY CAREER AND TECHNICAL CENTER

Attention: Cindy Hawk
9364 STATE ROUTE 45
LISBON, OH 44432

TELEPHONE: 330-424-3498 email: cindy.hawk@ccctc.k12.oh.us

APPLICATION FOR USE OF BUILDING

PLEASE NOTE: IF THIS APPLICATION IS NOT RETURNED WITHIN FIVE BUSINESS DAYS OF THE DATE YOU FIRST REQUESTED USE OF THE CCCTC, THE DATE WILL BE RELEASED FOR USE BY OTHER GROUPS/ORGANIZATIONS.

Date of Application _____

- 1. Name of Organization: _____
2. Date of Meeting: _____ Hours: _____ to _____ AM/PM
3. Title of Meeting: _____
4. Rooms needed: (please check) Classroom _____ Cafetorium _____ Restaurant _____
5. Equipment needed: See attached form
6. General: Will admission be charged? Yes _____ No _____ Will refreshments be served? Yes _____ No _____ Anticipated attendance _____
7. Non profit organization? Yes _____ No _____
8. Name of the individual responsible for meeting: _____
Address: _____
City, state, zip: _____ Phone: _____

SMOKING AND THE USE OF ALCOHOLIC BEVERAGES IS STRICTLY PROHIBITED IN THE BUILDINGS OR ON THE GROUNDS OF THE COLUMBIANA COUNTY CAREER AND TECHNICAL CENTER.

I HAVE READ THE POLICIES, REGULATIONS AND FEE SCHEDULES FOR USE OF THE ABOVE FACILITY AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE COLUMBIANA COUNTY VOCATIONAL SCHOOL DISTRICT BOARD OF EDUCATION AND THEIR AGENTS AND EMPLOYEES FROM ALL LIABILITY, CLAIMS, DEMANDS OR COST FOR OR ARISING OUT OF OUR GROUP ACTIVITIES, WHETHER IT BE CAUSED BY NEGLIGENCE OF INDEMNITOR OF COLUMBIANA COUNTY CAREER AND TECHNICAL CENTER BOARD OF EDUCATION OR EITHER PARTY'S AGENTS, EMPLOYEES OR OTHERWISE.

SIGNATURE OF PERSON ACCEPTING RESPONSIBILITY _____ DATE _____

Any changes of information contained on this form within 48 hours of use must be approved by the building and grounds supervisor at 424-9561 ext. 149.

Fees: Building use fees for non-school hours will be charged at a minimum of \$160.00. Anything over 4 hours will be an additional \$40.00 per hour.

Total charges for your event _____ (minimum of \$160 for non-school hours) + food service, if applicable.

School Official _____ Signature of Applicant _____

Columbiana County Career and Technical Center Building Use Rules

Requests will not be considered unless the request is made at least fourteen days prior to the event.

Because our students must return home at a reasonable hour; because our employees are not scheduled to work Saturdays, Sundays and holidays; and because our custodial maintenance schedule necessitates all major projects be completed during the periods of the year when students are not in session, the following limitations will apply to all requests (including banquet requests):

1. The building will be closed at 10:00 p.m. Monday - Saturday.
2. The building will be closed during Fall Break, Winter Break, Spring Break and the summer.
3. No alcoholic beverages are permitted to be served or brought onto the premises at any time.
4. By law, smoking is prohibited in the building *or* on the grounds.
5. The building will not be scheduled for wedding receptions or other party type functions.

The following fees shall be charged to organizations renting rooms/facilities of the Columbiana County Career and Technical Center:

1. A \$40 per hour building use fee will be charged for the use of school facilities when school is not scheduled to be open.
2. Other charges will be determined by the Superintendent or designee and listed on the building use agreement.

LIABILITY INSURANCE AGREEMENT

I certify that the _____ has liability insurance in the amount of at least \$1,000,000. A copy of insurance is to be returned with signed agreement for use of the Columbiana County Career and Technical Center facilities for public use during our group's scheduled event. I also certify that this insurance provides \$1,000,000 in liability coverage for any organizations, groups or individuals participating at our invitation in the event.

Signature

The building use form will not be approved until CCCTC receives a certificate of liability insurance.

EQUIPMENT USE

When using the Columbiana County Career and Technical Center sound system or other technology equipment for an event, a representative of your organization will be required to schedule a week day appointment with our Technology Department for training, prior to use of the equipment.

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9364 STATE ROUTE 45
LISBON, OH 44432
TELEPHONE: 330-424-9561 EXT. 112**

Name of Organization: _____

Date of Meeting: _____ Hours: _____ to _____ AM/PM

Title of Meeting: _____

Table/ seating arrangement diagram:

Kitchen



Stage

**APPLICATION FOR BUILDING USE: TECHNOLOGY/EQUIPMENT
NEEDED FORM**

DATE OF EVENT	ORGANIZATION
BANQUET _____ YES _____ NO	CONTACT PERSON
SOUND SYSTEM WITH MICROPHONE	PODIUM
POWER POINT PROJECTOR/SCREEN	WIRELESS NETWORK: USERNAME/ PASSWORD REQUIRED
DATE SCHEDULED FOR TRAINING:	
PLEASE NOTE: WE <u>DO NOT</u> PROVIDE COMPUTERS OR LAPTOPS.	

Signature _____	Date _____
FOR OFFICE USE ONLY: Date sent to "TRACK IT" with attached form _____	