

Virginia S. Tillett Community Center (VTCC) Facility Request Form

Agency/Group Name				
Event Title		Contact Person		
Home Ph #	Work/Cell Ph #			
Mailing Address		City/State/Zip		
Email Address or Fax #				····
Purpose for Use			Open to public ye	s no
Check Area/Facility/Room(s) Requ () Multipurpose Room (() Classroom 1 (() Fitness Room () Dining Room) Conference Room) Activity Room	() Lounge Media () Arts & Crafts R	oom	
NOTE: FINAL ROOM ASSIGNME				
Date(s) requested Event Starting Time NOTE: STARTING AND ENDING TIME START DAY(S), GROUP RESPONSIBLE B	am/pm SHOULD INCLUDE SETUP AND	Ending Time BREAKDOWN OF ROOM I		n/pm CHEDULING FOR
Will food be served?yes	no Will beverages be ser	ved?yes us, plastic ware,) MUST take t	no rash to dumpster at end of	program/event.
#of tables#of chairsAnticipated attendance				
Fee (if applicable) – 50% Deposit for \$45/hour for 1-100 person event \$50/hour for 101-500 person event \$55/hour for 501-1000 person event \$60/hour for 1000+ person event By signing below I agree to adhere to the staff of any changes at least 72 hours in losses, suits, actions, costs, counsel fees, business and/or any death, injury or disconnection with any action, error or on below I agree that I have read, understa	ne above requirements and to in advance of event. I agree to ho litigation costs, expenses, dama sability to or of any person arisi hission of the participant whethe	form the other group/agen ld harmless from and inde ges, judgments, or decrees ng out of or suffered, direc er by negligence or otherw	ncy members of such. I seemify Dare County aga to by reason of damage to tily or indirectly, by rea ise in the use of this faci	ninst all claims, any property or son of or in lity. By signing
Signature of Agency Representative	ē	Da	te	
VTCC Staff SignatureOffice use only:				
Request Staff Person Required Written Approval Sent Event in My Senior Center	approv yes yes yes	red denied no no no		
Event in Facility Book After Hours Supervisor	yes	no		