



REQUEST FOR ON-CAMPUS SEMINAR AND FACILITIES USE

(Individuals, Faculty or Outside Parties)

Submit application to Continuing Education

Use of Sherman College facilities will only be approved for functions that further the objectives of the college and/or provide the students with well-rounded, co-curricular activities.

Date Received ____/____/____
By: _____

Please Print. Submit completed application and required materials to the Department of Continuing Education. Requests will not be considered unless all information is submitted with the request.

Date of Submission ____/____/____

Requested by _____ Club/Organization _____

Telephone Number of individual organizing the event: _____ E-mail: _____

Address of individual organizing the event: Street _____

City _____ ST _____ ZIP _____

Purpose or Use of Rooms _____

Program/Event Title _____ Event date(s) ____/____/____ to ____/____/____

Attendance Fee \$ _____ Attendees: Community Members Faculty D.C.s Students

Expected Number of Attendees _____ Other _____

Proceeds go to: _____

Hours: Day 1 ____ a.m./p.m. to ____ a.m./p.m. Room(s) requested: Scallan _____

Day 2 ____ a.m./p.m. to ____ a.m./p.m. Health Center _____

Day 3 ____ a.m./p.m. to ____ a.m./p.m. Olsen _____

Furniture Will be moved and RETURNED to position _____ Will not be moved _____

Statement of Liability:
I understand that I and/or the club/organization I represent will be fully responsible for any damage to Sherman College facilities or equipment. Charges for damages will be assessed and must be paid within 30 days following the event.

Facility Usage Fee:
\$ 50.00 per day plus \$10/hour for security during the hours that the program is held after regular college business hours (8 a.m. – 4:30 p.m.) and on weekends.

Payable to *Sherman College* at least 10 days prior to the event.
Payments must be sent/delivered to:

Sherman College - Business Office
PO Box 1452
Spartanburg, SC 29304

864-578-8770, Extension 1246

Date
Signature of Event Organizer / Designated Contact Person

Required Approvals:

- Continuing Ed _____
- Academic Affairs _____
- If using Health Center _____
- Maintenance/Security _____
- Student Services _____
- Business Office _____

Business Office will distribute final copies to:

- Continuing Ed Academic Affairs Health Center
 Maintenance/Security Student Services
 Receptionists Other _____

Fees Paid: ____/____/____