GREENVILLE HIGHER EDUCATION CENTER
FACILITY RESERVATION FORM

NOTE: Please complete and return this form to the Greenville Higher Education Center Administrative Office, 2900A Highway 1 South, Greenville, MS 38701. **It is imperative that all arrangements are made and this form completed at least fourteen (14) days prior to your event**. Your activity will **not** be placed on the Center calendar until the form is completed and returned.

NAME OF EVENT_____

DATE(S)_____ **EXACT TIME OF EVENT** _____to_____

ADDITIONAL TIMES NEEDED (rehearsal, set up)_____
ARRIVAL TIME **LEAVE TIME**

TYPE OF ROOM(S) REQUESTED: ____Standard Classroom (indicate # of rooms needed) _____ Conference Room _____ Computer Lab _____ Laboratories (indicate either art, nursing, or science) _____ Distance Learning Classroom _____; _____ Hafter Multi-Purpose Room (**NO** catered food service) (includes auditorium, one small media seminar room, & lobby)
_____ _Hafter Multi-Purpose Room (with catered food service) (includes auditorium, one small media seminar room, lobby, and access to kitchen.)

FOR HAFTER MULTI-PURPOSE ROOM REQUESTS, PLEASE INDICATE THE ROOM SET-UP:
(*PLEASE NOTE: Furniture for this room includes round tables and chairs with capacity for 210*)
_____ Auditorium (rows of chairs, no tables) _____ Banquet Style (tables and chairs around tables)
_____ Classroom Style (tables with chairs facing only front of room)

FOR HAFTER MULTI-PURPOSE ROOM REQUESTS: THIS ROOM MAY BE PARTITIONED OFF INTO 3 SEPARATE ROOMS BY SOUNDPROOF PARTITIONS. DO YOU PLAN TO USE THESE PARTITIONS?
____YES ____NO

HEAD TABLE _____YES _____NO **Head Table Seating Number**_____

COMMENTS_____
_____

PUBLIC ADDRESS SYSTEM: Microphone _____Yes _____No

ADDITIONAL EQUIPMENT NEEDED_____

ESTIMATED ATTENDANCE/PARTICIPATION_____ **FACILITY USAGE CHARGE**_____

ORGANIZATION SPONSORING ACTIVITY_____

PERSON IN CHARGE_____**ADDRESS**_____

CITY, STATE, ZIP_____**PHONE NUMBER**_____

PERSON TO BE INVOICED FOR FACILITY RENTAL IF DIFFERENT FROM ABOVE_____

MAILING ADDRESS_____

PHONE NUMBER_____

I agree to provide the manpower necessary and will reimburse the Greenville Higher Education Center for labor costs or damage costs as a result of this event.

SOCIAL EVENTS: A 25% deposit is required. NO refund of deposit will be given if you cancel your event.

X_____
SIGNATURE OF PERSON IN CHARGE OF EVENT **DATE**

X_____
Dr. Mary Ann Brocato, VP of Operations, Greenville Higher Education Center **DATE**

√ **Please give final details of all setup arrangements at least 14 days prior to your event, i.e. equipment, food request, etc. For additional information, call: Greenville Higher Education Center: 662-332-8500**