

# GEORGIA NORTHWESTERN TECHNICAL COLLEGE

## FACILITIES USAGE FORM

**PLEASE RETURN COMPLETED FACILITIES USAGE FORM TO THE APPROPRIATE FACILITIES CONTACT**

**FLOYD AND GORDON FACILITIES**

Cathy Smith  
Facilities Scheduling Coordinator  
1151 Highway 53 Spur, SW,  
Calhoun, GA 30701  
Fax Number 706-624-1135 (or)  
[csmith@gntc.edu](mailto:csmith@gntc.edu)

**POLK FACILITIES**

Darice Lewis  
Campus Manager  
466 Brock Road  
Rockmart, GA 30153  
Fax Number 770-684-8710 (or)  
[dlewis@gntc.edu](mailto:dlewis@gntc.edu)

**WALKER FACILITIES**

Connie Potts  
Administrative Assistant  
265 Bicentennial Trail  
Rock Spring, GA 30739  
Fax Number 706-764-3530 (or)  
[cpotts@gntc.edu](mailto:cpotts@gntc.edu)

DATE OF REQUEST	NAME OF ORGANIZATION/AGENCY	PURPOSE OF USAGE	
CONTACT NAME	TITLE	EMAIL ADDRESS	FEDERAL EMPLOYEE ID#
MAILING ADDRESS	TELEPHONE NUMBER	FAX NUMBER	CELLULAR NUMBER
EVENT DATE(S)	DAY(S) OF THE WEEK	TIMEFRAME	# PARTICIPANTS

**CHECK TYPE OF FACILITIES REQUESTED: \*USAGE LIMIT NOT TO EXCEED 8 HOURS**

FACILITIES AREA	LOCATION OF FACILITIES	*USAGE FEE	USAGE DEPOSIT	ROOM # <small>(Room # assigned by GNTC)</small>
<input type="checkbox"/> AUDITORIUM	<input type="checkbox"/> FCC <input type="checkbox"/> GCC <input type="checkbox"/> PCC <input type="checkbox"/> WCC	\$400		
<input type="checkbox"/> CLASSROOM - LECTURE ROOM	<input type="checkbox"/> FCC <input type="checkbox"/> GCC <input type="checkbox"/> PCC <input type="checkbox"/> BEC <input type="checkbox"/> WCC	\$250		
<input type="checkbox"/> COMPUTER LAB (18 COMPUTERS)	<input type="checkbox"/> FCC <input type="checkbox"/> GCC <input type="checkbox"/> PCC <input type="checkbox"/> BEC <input type="checkbox"/> WCC	\$400		
<input type="checkbox"/> CONFERENCE CENTER – ROOM A	FLOYD COUNTY CAMPUS	\$300		
<input type="checkbox"/> CONFERENCE CENTER – ROOM B OR C	FLOYD COUNTY CAMPUS	\$250		
<input type="checkbox"/> CONFERENCE CENTER – ROOMS, A, B, AND C	FLOYD COUNTY CAMPUS	\$600		
<input type="checkbox"/> CONFERENCE ROOM	<input type="checkbox"/> FCC <input type="checkbox"/> GCC <input type="checkbox"/> PCC <input type="checkbox"/> BEC <input type="checkbox"/> WCC	\$250		
<input type="checkbox"/> ECONOMIC DEVELOPMENT BUSINESS CENTER	POLK COUNTY CAMPUS	\$400		
<input type="checkbox"/> OTHER _____	_____			

**CHECK IF ADDITIONAL FEES APPLY:**

<p><b>TECHNICAL SUPPORT (\$30 x _____ hours = \$ _____)</b></p> <input type="checkbox"/> COMPUTER LAB <input type="checkbox"/> NETWORK SUPPORT	<p><b>AV USAGE SUPPORT (\$25 x _____ hours = \$ _____)</b></p> <input type="checkbox"/> LCD PROJECTOR (CD OR DISK) <input type="checkbox"/> TV/VCR <input type="checkbox"/> PA
<input type="checkbox"/> <b>MAINTENANCE SUPPORT – ROOM SET UP/EVENT CLEAN UP (\$25 x _____ hours = \$ _____)</b>	

**CHECK ROOM ARRANGEMENT:**

<input type="checkbox"/> BANQUET STYLE	<input type="checkbox"/> THEATRE STYLE
<input type="checkbox"/> BOARDROOM STYLE	<input type="checkbox"/> OTHER
<input type="checkbox"/> CLASSROOM - LECTURE STYLE	

**CHECK DOCUMENTS ATTACHED:**

<input type="checkbox"/> SIGNED COMMERCIAL GENERAL LIABILITY INSURANCE CERTIFICATE	<input type="checkbox"/> SIGNED HOLD HARMLESS AGREEMENT (MANDATORY)
--	---

<p>TOTAL FEES \$ _____</p> <p style="text-align: center; color: red;"><b>PLEASE REMIT ALL FEES TWO WEEKS PRIOR TO EVENT DATE</b></p>	<p><b><u>AFTER INVOICE IS RECEIVED,</u></b>  <b><u>PLEASE FORWARD USAGE FEE WITH A SIGNED COPY OF FORM</u></b>  <b>Georgia Northwestern Technical College</b>  <b>Administrative Services</b>  <b>One Maurice Culberson Drive</b>  <b>Rome, GA 30161</b></p>
--	--

SIGNATURE OF PERSON LEGALLY AUTHORIZED TO OBLIGATE THE REQUESTING ENTITY	DATE
--	------

