



**CENTRAL  
PIEDMONT  
COMMUNITY  
COLLEGE**

**APPLICATION FOR USE OF COLLEGE FACILITIES**

College Services  
PO Box 35009  
Charlotte, NC 28235-5009  
Phone: (704) 330-6279  
Fax: (704) 330-6890

Date \_\_\_\_\_

ON BEHALF OF THE ORGANIZATION NAMED BELOW (THE "PROSPECTIVE USER"), I DO HEREBY MAKE APPLICATION TO USE certain facilities owned by and located on the premises of Central Piedmont Community College (the "College") for the purpose, time(s), dates(s), and number of attendees as specified below:

Your name: \_\_\_\_\_  
(Please print)

Your title: \_\_\_\_\_

Your email address: \_\_\_\_\_

Organization's (Prospective User) name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (include area code): \_\_\_\_\_ Fax: \_\_\_\_\_

Purpose: \_\_\_\_\_

Time(s): \_\_\_\_\_

Date(s): \_\_\_\_\_

Number of attendees expected: \_\_\_\_\_

Extra services/equipment requested: \_\_\_\_\_

Are you a not-for-profit organization? Yes \_\_\_\_\_ No \_\_\_\_\_

(College reserves right to require proof of not-for-profit status)

Please check below all that apply:

- |                                |                                  |
|--------------------------------|----------------------------------|
| _____ Community Organization   | _____ Civic Organization         |
| _____ Educational Organization | _____ Religious Organization     |
| _____ Student Organization**   | _____ College Sponsored Activity |
| _____ Government Organization  |                                  |

\*\*If Student organization, submit faculty advisor's name and campus phone number: \_\_\_\_\_

Will you charge admission, collect donations or charge any fees for event? Yes \_\_\_ No \_\_\_

Will you be selling any products or services at this event? Yes \_\_\_ No \_\_\_

NOTE: Prospective Users who are not part of the College and are requesting use of College facilities must submit a Certificate of Insurance verifying public and general liability insurance coverage (refer to amounts, terms, and conditions under “General User Terms and Conditions”) and naming the College as an additional insured.

Prospective User Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

CPCC  
Fred Adams  
Assistant Vice President of College Services  
Post Office Box 35009  
Charlotte, NC 28235-5009

9/04