

HPER Facility Request Form
LORAIN COUNTY COMMUNITY COLLEGE

Division of Health, Physical Education & Recreation

1005 North Abbe Road

Elyria, OH 44035 (440) 366-7360

email: kmajoras@lorainccc.edu

A Separate Form Is Required For Each Date Requested.
Forms Must Be Received One Week Prior To Requested Date.

Event Title: _____

Date: _____ Day(s) _____

Requested Time: _____ am/pm to _____ am/pm

Time Event Begins: _____

Expected attendance? _____

Requested Facility

Gymnasium: Varsity Gym Short Court

Fieldhouse: Court A Court B

Court C Court D

Indoor Track Locker Rooms

Lobby Area

Classrooms: PE 102 PE 103

Outdoor Tennis Courts

Cross Country Course

Other _____

Specific Needs

*Volleyball Nets: (Ht _____) *Balls not furnished.

Scoreboards

Microphone

Bleachers Chairs _____# Tables _____#

Other _____

Sponsoring Organization: _____

Organization Status: Profit Non Profit

Federal Non Profit ID # _____

Contact Person: _____

Email for Confirmation: _____

Mailing Address: _____

City/State: _____ Zip: _____

Billing Address: *(if different than mailing address)*

Participants/spectators charged a fee? Yes No

Additional request(s): _____

Facility Instructions: Payment made on day/nite of rental. **(CASH IS NOT ACCEPTED)**. **If you need to cancel, contact the Facility Office at 366-7361 at least 24 hours in advance or the rental fee may be charged.** Please be aware that any missed or damaged LCCC equipment or damage to any LCCC or HPER facility is charged to rental organization.

HPER USE ONLY

Date Rec'd _____ Page ___ of ___

Beg Date _____ End Date _____

HPER Authorized Signature _____ Date _____

Request: Approved Denied

Receipt # _____

Receipt # _____

HPER FEE ESTIMATE

Facility: _____

Classification: 1 2 3 4

Fee: \$____ rate per hr x ____ hrs = \$____

Pay upon arrival LCCC invoice

Classroom Charge: \$ _____

Physical Plant Items: (\$10/item) \$ _____

Staging Stanchions

Other _____ hrs @ \$____ = \$ _____

Campus Service Charges: \$ _____

(Events of 500 or more people require one additional officer).

Campus Service Dispatcher: \$ _____

Miscellaneous Not Listed: \$ _____

Total Estimated Charge: \$ _____

Supervisor on Duty: _____

Actual Time: From _____ to _____

of Participants & Spectators: _____

Name on Check: _____

Amount Rec'd: \$ _____ **Ck #** _____

I will assume full responsibility for proper supervision of this activity and reasonable care of all requested facilities and equipment. In consideration of acceptance of this use, I, for my organization and myself and my heirs, personal representatives, successors, and assigns, release Lorain County Community College and its representatives, successors and assigns from any and all claims and rights of action of any kind for personal injury, death, property damage or other loss which may result from my participation and that of my organization in the facility use. I have read, understand and agree to apply the policies, procedures and General Rules as stated.

Event Coordinator

Phone(s) #

Email address for confirmation

Date