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@loraincccc.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 ☐ Lobby Area

☐ Classrooms: ☐ PE 102 ☐ PE 103

☐ Classrooms: ☐ PE 105 ☐ PE 106

☐ 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/night of rental. ***(CASH IS NOT ACCEPTED)***. **If you need to cancel, you must send an email (no phone calls) to kmajoras@loraincccc.edu 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: $_____

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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*

Return to PE 104

LCCC AHN/HPER Programs reserves the right to deny any facility rental requests for any reason.