

FACILITIES RESERVATION FORM

3175 CEDARTOWN HWY., SE.
ROME, GA 30162-18664

GEORGIA HIGHLANDS COLLEGE RESERVATION FORM

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EDU

Facility to be reserved: _____

Event Client (Responsible Party): _____ I.D. Required*

Type of Event (Profit/Non-profit/Private): _____

Organization: _____

Mailing Address: _____

Phone No.: _____ Cell No.: _____ Fax No.: _____

Date of Event: _____ Date of Reservation: _____

Estimated Start Time: _____ Estimated End Time: _____

Estimated Number of Participants: _____

Audio-visual Requirements:

- | | | |
|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Microphones | <input type="checkbox"/> VCR | <input type="checkbox"/> Projection Screen |
| <input type="checkbox"/> CD Player | <input type="checkbox"/> TV Monitor | <input type="checkbox"/> Overhead Projector |

Technology Requirements:

- | | |
|--|--|
| <input type="checkbox"/> LAN Access, 2 day notice | <input type="checkbox"/> GHC Computer Equipment, 3 day notice |
| <input type="checkbox"/> Wireless Access, 2 day notice | <input type="checkbox"/> GHC Computer Equipment with Software, 2 week notice |

Please Specify software ** _____

Room Set-up:

Number of Tables: Round _____ Rectangular _____

Number of Chairs: _____

Please use reverse side for diagram of set-up.

Caterer: _____ I.D. Required *

Organizations using facilities are responsible for damages to facilities during their event. A copy of the General Rules Policy is furnished to the renter. Any violations of the policy may result in a fine up to \$500 subject to determination of facilities coordinator. Renter agrees to abide by the policies established by the college and furnished to the renter.

Renter: _____
Signature _____ Date _____

College: _____

President: _____

* Client and Caterer photo I.D. required

** May involve additional fee