

**GREENVILLE HIGHER EDUCATION CENTER
FACILITY RESERVATION FORM**

NOTE: Please complete and return this form to the Greenville Higher Education Center Administrative Office, 2900A Highway 1 South, Greenville, MS 38701. **GPS Address: 1134 Archer Range Road, Greenville, MS 38701. It is imperative that all arrangements are made and this form completed at least fourteen (14) days prior to your event.** Your activity will not be placed on the Center calendar until the form is completed and returned.

NAME OF EVENT _____

DATE(S) _____ EXACT TIME OF EVENT _____ to _____

ADDITIONAL TIMES NEEDED (rehearsal, set up) _____

ARRIVAL TIME _____ LEAVE TIME _____
TYPE OF ROOM(S) REQUESTED: _____ Standard Classroom (indicate # of rooms requested) _____ Conference Room
_____ Computer Lab _____ Laboratories (indicate either art, nursing, or science) _____
_____ Hafter Multi-Purpose Room (NO catered food service)
_____ Hafter Multi-Purpose Room (with catered food service)

FOR HAFTER MULTI-PURPOSE ROOM REQUESTS, PLEASE INDICATE THE ROOM SET-UP:

(PLEASE NOTE: Furniture for this room includes round tables and chairs with capacity for 110)

_____ Auditorium (rows of chairs) _____ Banquet Style (tables and chairs around tables)
_____ Classroom Style (tables with chairs)

FOR HAFTER MULTI-PURPOSE ROOM REQUESTS: THIS ROOM MAY BE PARTITIONED OFF INTO 2 SEPARATE SMALL ROOMS BY SOUNDPROOF PARTITIONS. DO YOU PLAN TO USE THESE PARTITIONS?

___ YES ___ NO

HEAD TABLE ___ YES ___ NO Head Table Seating Number _____

CATERING: Rentee can self-cater or directly contract with a private caterer personally, no onsite kitchen is available.

COMMENTS _____

PUBLIC ADDRESS SYSTEM

ADDITIONAL EQUIPMENT NEEDED _____

ESTIMATED ATTENDANCE/PARTICIPATION _____ FACILITY USAGE CHARGE _____

ORGANIZATION SPONSORING ACTIVITY _____

PERSON IN CHARGE _____ ADDRESS _____

CITY, STATE, ZIP _____ PHONE NUMBER _____

PERSON TO BE INVOICED FOR FACILITY RENTAL IF DIFFERENT FROM ABOVE _____

MAILING ADDRESS _____

PHONE NUMBER _____

I agree to provide the manpower necessary and will reimburse the Greenville Higher Education Center for labor costs or damage costs as a result of this event.

EVENTS: A 25% deposit is required. **NO refund of deposit will be given if you cancel your event.**

X _____
SIGNATURE OF PERSON IN CHARGE OF EVENT DATE

X _____
Linda Jo Brantley-Clark, Dean of Operations, Greenville Higher Education Center DATE

√ Please give final details of all setup arrangements at least 14 days prior to your event, i.e. equipment, caterer, etc. For additional information, contact: **Barbara Moton** at 662-332-8037, Fax: 662-332-8532 or Email: bmoton@msdelta.edu