



Hamilton County Educational Service Center
 11083 Hamilton Avenue
 Cincinnati, OH 45231
 Phone 513.674.4200 Fax 513.742.8339

Facility Use Request Form – External Customer

Group Information			
District/Organization Name:			
District/Organization Address:			
City, State and Zip:			
Contact Person:		Contact Phone/Cell#	
Room Request Information			
Date(s) Requested From:		Date(s) Requested To:	
Time Requested From:		Time Requested To:	
Activity Description:			
Approx. Number Attending:			

I hereby agree to the following guidelines while using the facilities:

- Proof of liability insurance is required
- In accordance with Ohio Revised Code 3709.20, smoking is prohibited within this facility
- Alcoholic beverages are prohibited
- The facility will be left in the condition it was found
- The group will be responsible for any damages that occur
- Coffee is available at a cost of \$3.00 per pot. Prior arrangements must be made
- Reservations are tentative pending approval
- Payment of facility rental fee:
 - ✓ ___ \$200.00 up to 4 hours/\$400.00 up to 8 hours, rental fee & on site attendant for weekends
 - ✓ ___ \$200.00 rental fee for evenings/ up to four hours
 - ✓ ___ \$150.00 rental fee during business hours

Requester's Signature	Date:
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Internal Office Use Only

Room Assigned:

<input type="checkbox"/>	Room A (max. 10)
<input type="checkbox"/>	Auditorium (max. 30)
<input type="checkbox"/>	Conference Center (max. 80) see details below
<input type="checkbox"/>	Coffee Requested

Approval Status:

Approved	<input type="checkbox"/>
Denied	<input type="checkbox"/>

Reason Denied:

Office Signature	Date:
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Conference Room Setup Instructions: Room Arrangement #:

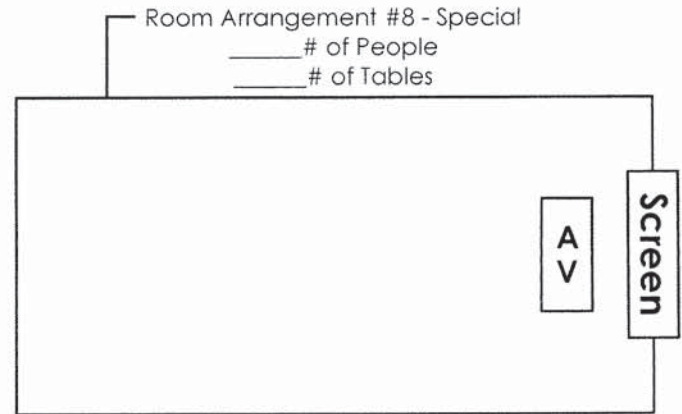
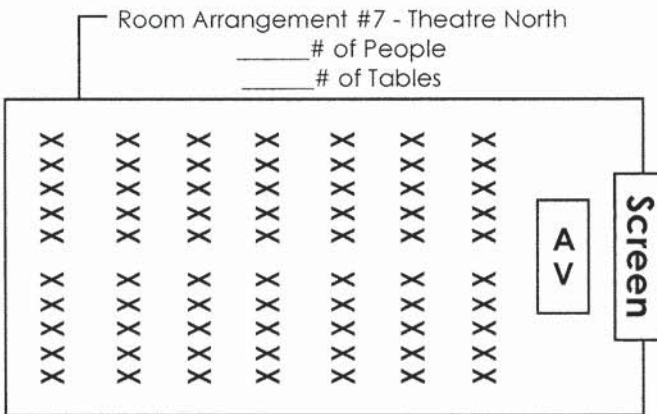
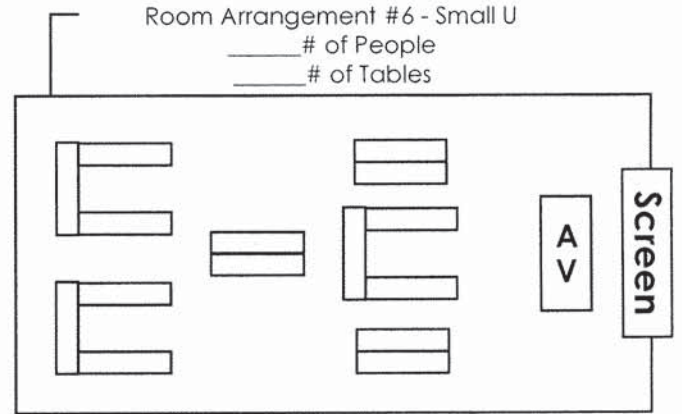
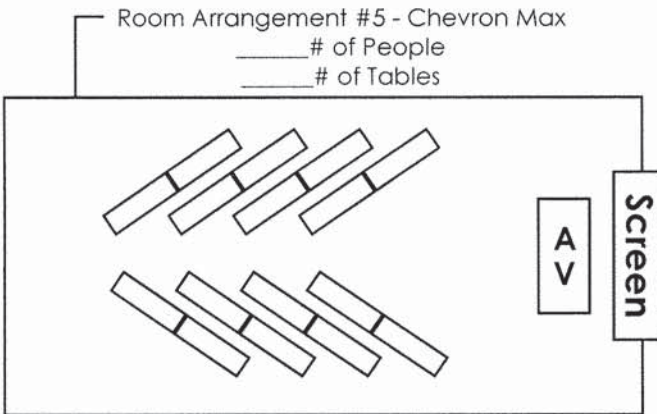
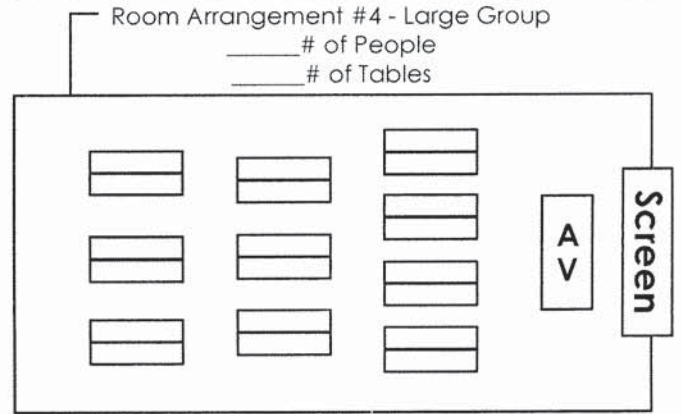
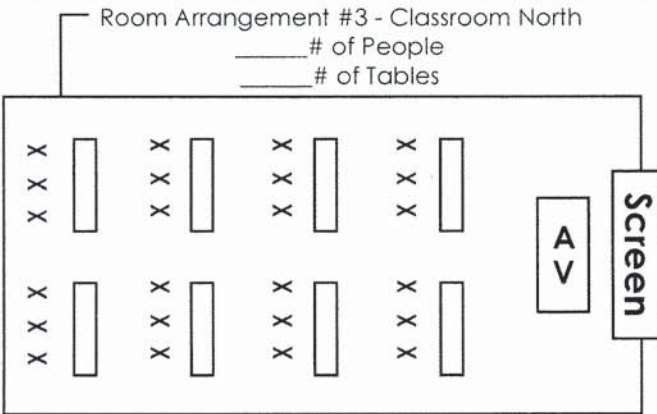
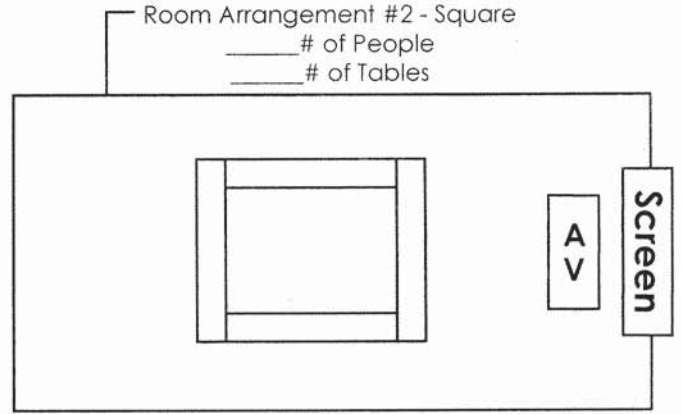
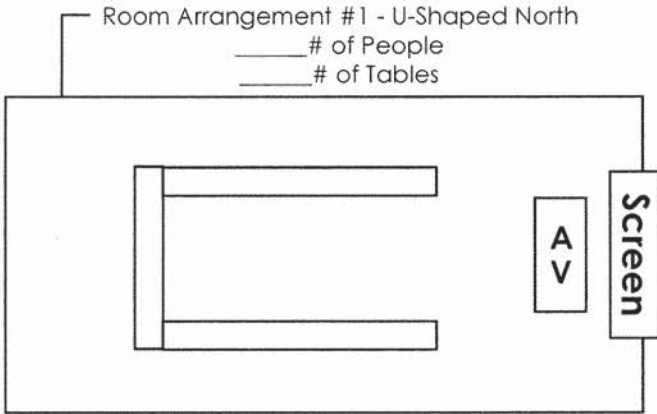
Form will be submitted to Greg Ferris.
 For additional information, please contact Greg at 513.674.4279, greg.ferris@hcsc.org.

Conference Center Set-up Request Form

Event Organizer Name: _____

Event Title: _____

Date of Event: _____ Beginning Time: _____ Ending Time: _____



Special Instructions: _____

DELIVER COMPLETED FORM TO Greg Ferris MAILBOX