

Accounts Receivable

## APPLICATION FOR ACTIVITY Glenville State College Facilities

Date of Application:	Facility Reques	ted:			
Organization/Department Reque	esting Activity:				
Event/Activity:					
Will Requesting Organization be 0	Charging Admission and/o	or Accepting Monies relating to	this Event/Activity?	Yes No	
If Yes, How Much Per Person ar	nd For What Service(s)?				
Date(s):		Number of People:			
Beginning Time:	Ending Time:	Time Needing Access:			
Name of Person Applying if Diffe	erent than Responsible F	Party:			
Telephone:	E-mail address: _				
Responsible Party for Rental Ag	reement and Damages,	should they occur:			
Telephone:	E-mail address:				
Responsible Party's Address:	Chro at		Otata	7:	
Name of Insurance Company (F	Street or Off-Campus Groups)	City :	State	Zip code	
Insurance Company's Address:					
**Food Service Audio/Visual Equipm	eck all items below that you will need: **Food Service Audio/Visual Equipment (specify on back of form) Other (specify on back of form)				
**If Food Service is needed, onc (Aramark) at (304) 462-4108 con			nville State College [	Dining Services	
Additionally, room set-up information to			ence Coordinator wit	thin five days of	
		Signatu	re of Responsible Pa	rty	
IF DAMAGES OCCUR, YOUR O		SSED FOR SUCH AND PA	YMENT WILL BE RE	EQUIRED	
DC	NOT WRITE BELOW 1	THIS LINE - FOR OFFICE US	SE ONLY		
Comments:		Rental Fee:			
		[ ] Approved [ ] Disapproved Date:			
		John Beckvold, Vice President for Business and Finance			
cc: Organization		Date Payment Received:			