

**PINE TECHNICAL COLLEGE**  
**900 4<sup>th</sup> Street SE, Pine City, MN 55063**  
**320-629-5100 or 800-521-7463**  
**FACILITY USE AGREEMENT/CONTRACT**

Please refer to the attached policy/guidelines. Thank you. Fiscal Year: \_\_\_\_\_

Date: \_\_\_\_\_ Name of Organization/Individual: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Times: \_\_\_\_\_

Set-up time needed (please explain): \_\_\_\_\_

Event/Meeting Purpose: \_\_\_\_\_ # of Participants: \_\_\_\_\_

Circle One: For-Profit Non-Profit: Tax Exempt #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Telephone numbers: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Fax) \_\_\_\_\_

Billing Name: (Company) \_\_\_\_\_ (Attention) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**For a full refund all cancellations must be made 24 hours prior to the event.**

<b>FACILITY USE REQUEST</b>		
Site/Room/Auditorium: (per day)	_____ \$50/Room _____ \$80/Auditorium	\$
Custodial Services:	_____ hours @ \$28/hour	\$
Technical Support:	_____ hours @ \$38/hour	\$
Cost Center 171000	Subtotal	\$
<b>VIDEO CONFERENCING (in addition to Facility Use)</b>		
H.323, ITV & Video Equipment Use	\$35/event + \$10/hour not to exceed \$120	\$
Technical Support: (one hour minimum)	_____ hours @ \$38/hour	\$
Telecommunications Department/Administrative Fees	\$35/event	\$
Connection Fees (determined when scheduled)		\$
Cost Center 163000	Subtotal	\$
<b>COMPUTER LABORATORY USE (in addition to Facility Use)</b>		
Technical Support: (one hour minimum)	_____ hours @ \$38/hour	\$
Telecommunications Department/Administrative Fees	\$35/event	\$
Computer Time: (total hours) X (# of participants) X \$7.50 = \$	/event	\$
Cost Center 163000	Subtotal	\$
<b>EQUIPMENT REQUEST (in addition to Facility Use and on-campus or PTC sponsored events only)</b>		
AV Equipment Fee: (List items requested)	_____ \$25/day	\$
Laptop Computer Usage:	_____ laptops @ \$10/day	\$
Computer Projection Unit (other than Auditorium):	\$35/day	\$
Technical Support/Setup Charge:	_____ hours @ \$38/hour	\$
Cost Center 163000	Subtotal	\$
<b>Grand Total:</b>		\$
<b>PAYMENT ARRANGEMENTS</b>		
(Check one) _____ Cash _____ Check _____ Purchase Order # _____ Please Bill _____ Credit Card		
Credit Card # _____		Exp. Date _____

**I recognize that I will be held responsible for the information stated above and will comply with PTC's Facility Use Policy.**

**I have agreed to release PTC of all liability issues while using campus facilities and equipment.**

SIGNATURE/TITLE (Contractor)	DATE	PINE TECHNICAL COLLEGE (President/Chief Academic Officer)	DATE
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