North Idaho College Fee Waiver Request Form

This request form is for consideration of costs and/or associated fees for use of NIC event space to be waived. Non-profit, government, and NIC co-sponsored events receive a 15 percent discount on facility rental costs. This application is only for additional fee waiver considerations and should be submitted to the Conference & Events Office at NIC.

Today’s Date: ___________ Event Date(s): _______________ Time of Event: __________________________
Title of Event: ____________________________________________________________________________
Requested Space: __________________________________________________________________________

Applying Group Name: ________________________________________________________________________
Representative (your name): ___________________________________________________________________
Phone: ____________________________________________________________________________________
NIC Affiliation: NIC Department ___ NIC Student Group___ (None) Outside organization___
Type of Event: Meeting_____ Conference: _____ Performance: _____ Camp: _____ Other: _________________
Admission Charge: Yes___ No____ If so, what is the admission or registration fee for attendees: ______________
Purchaser: Applying Group____ Other___ (indicates hosted group)
Who is the Hosting Group: ______________________________________________________________________

Is This Request to Waive Cost of: Room/Location Space___ Equipment Fees___ Event Labor ____
Custodial Supply ____Community Use Fees ____ Other (describe) _______________________________________

Please describe why fees for this event should be waived or discounted. What are the benefits to North Idaho College that this program will bring?
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

How will the Applying Group be involved in producing this event?
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Internal Use Only:
Associated Cost(s): Room_______ Labor _______ Fees _______ Custodial ____ Supplies _____ Other ______
Waiver Granted (check applicable items): Room___ Labor ___ Fees ___ Supplies___Other ___
Approved: Yes ____ No ___ Authorizing Vice President_______________________________ Date ___________
Notification of fee waiver decision sent to requesting organization on: (Date)_______________________