



GEORGETOWN COUNTY AIRPORTS

**Georgetown County Airport Terminal
Meeting Room Reservation Form**

Date of Reservation: _____

Beginning Time: _____ Ending Time: _____

Name of Organization: _____

Purpose of Meeting: _____

Approximate Number of Attendees: _____

Responsible Party Contact Information:

Name: _____

Address: _____ City, State: _____

Phone Number: _____

E-Mail Address: _____

Alternative Contact Person:

Name: _____ Phone Number: _____

By acknowledging my signature on the Reservation Form, I will be responsible monetary for any damages that may occur during my meeting time. I agree that all attendees will follow the facility rules which are:

- Persons or Groups using Airport Terminal meeting rooms will be required to use the properly designated parking lots.
- Persons or Groups using the Airport Terminal Meeting Rooms will be responsible for the arrangement of furniture to suit the needs of their particular function and to returning furniture to its original location.
- Persons or Groups will not be permitted to consume alcoholic beverages on County property without prior approval of the County Council.

Signature of Responsible Party: _____ Date: _____

Airport Manager Recommendation: _____ Date: _____

Department Director Recommendation: _____ Date: _____

***Please return this form at least three days prior to date of reservation.
This form should be returned to the Airport Manager at
Fax: (843) 545-3413 or rwestfall@gtcounty.org**