

UACCB Operating Procedure

Procedure 710.1.1

Facilities Reservations Request Form

Room	Rental Fees			Maintenance/Cleaning Fee (per day)
	Full Day	4 Hours	1 hour	
102 (1,200 sq. ft.)	\$ 60.00	\$ 30.00	\$ 10.00	\$ 25.00
103 (1,500 sq. ft.)	\$ 120.00	\$ 60.00	\$ 20.00	\$ 50.00
104 (1,200 sq. ft.)	\$ 60.00	\$ 30.00	\$ 10.00	\$ 25.00
140 West (5,000 sq. ft.)	\$ 180.00	\$ 90.00	\$ 30.00	\$ 75.00
140 East (5,000 sq. ft.)	\$ 180.00	\$ 90.00	\$ 30.00	\$ 75.00
140 East & West (10,000 sq. ft.)	\$ 300.00	\$ 150.00	\$ 50.00	\$ 125.00
Auditorium (12,000 sq. ft.)	\$ 450.00	\$ 225.00	\$ 75.00	\$ 150.00
Aud & 140E/W (22,000 sq. ft.)	\$ 600.00	\$ 300.00	\$ 100.00	\$ 225.00
Full Day Rental is 8:00 a.m. to 10:00 p.m.				
The rental fee is waived for non-profit and civic organizations.				
The maintenance/cleaning fee is mandatory and must be paid to confirm reservation.				
Room rates for campus facilities other than Independence Hall are available upon request.				

I have read the UACCB Facilities Operating Policies and Procedures, and I agree to be bound by them. I, or the organization I represent, accept full financial responsibility for any damage to UACCB facilities caused by me, other sponsors of the event or representatives of the organization sponsoring the event, or those attending the event for which facilities are being reserved. The event sponsor assumes liability for accidents occurring on the UACCB campus. I understand that UACCB will not be held liable for accidents occurring on the UACCB Campus. UACCB will not be held liable for personal items which are lost or stolen while the College facilities are being utilized. I also understand and agree to enforce UACCB's Smoking Policy, which allows smoking in designated areas only.

Completion of this form should not be considered confirmation of any request. The event sponsor will receive a formal confirmation after this form has been completed, returned, and reviewed by the Events Coordinator for Independence Hall.

Sponsor/Official Representative should sign and date the completed Independence Hall Facilities Reservation Request Form.

Sponsor/Official Representative

Date

Please return form to:

UACCB Business Office
 Attn: Jennifer Sinele
 P.O. Box 3350
 Batesville, AR 72503-3350
 870-612-2008 (O); 870-612-2075 (Fax)
 e-mail: jennifer.sinele@uaccb.edu

Adopted: April 17, 2003

Revised: February 26, 2010

Facility Usage Fees	
_____	Maintenance/Cleaning Fee
_____	Tobacco Compliance Deposit
_____	Anticipated Rental Fee
_____	Total Due