

UACCB Operating Procedure

Procedure 710.1.1

Facilities Reservations Request Form

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EVENT INFORMATION

Event:

Event Date:

Event Start Time:

Event End Time:

Reservation Start Time:

Reservation End Time:

(NOTE: Include TOTAL time needed for set-up, practice, takedown, etc.)

Expected Number of Attendees:

Office Use Only

_____ Maintenance/Cleaning Fee

_____ Tobacco Compliance Deposit

_____ Received (Date: _____)

_____ Anticipated Rental Fee

_____ Received (Date: _____)

Space required for Event (Please mark all that apply):

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> IH 102 | <input type="checkbox"/> IH 103 | <input type="checkbox"/> IH 104 | <input type="checkbox"/> Banquet Hall |
| <input type="checkbox"/> Banquet Halls (IH 140 E/W) | <input type="checkbox"/> IH Auditorium w/ main stage | | |
| <input type="checkbox"/> IH Auditorium w/ main stage and IH 140 West/East | <input type="checkbox"/> NAH 902 Lecture Hall | <input type="checkbox"/> NAH 902 Foyer | |
| <input type="checkbox"/> IH Student Commons w/ mini stage (available M-F, 5 p.m.-10 p.m. and Saturday) | | | |

(Please note that no food or drink are allowed in NAH 902, Auditorium or on the Main Stage)

ORGANIZATIONAL INFORMATION

Event Sponsor:

Contact Person:

Billing Contact Person:

Billing Address:

Phone: (H)

(O)

(C)

Fax:

E-mail address:

Nonprofit: ☐ Yes ☐ No If yes, list your 501(c)(3) # _____

Will food be served at the event? ☐ Yes ☐ No If yes, please complete the catering information form.

Will you require a sound/video technician for your event? ☐ Yes ☐ No If yes, will it be the UACCB Event Coordinator or other technician.

☐ Event Coordinator ☐ Other Technician: _____

(Please include name and phone number of outside technician)

LIABILITY INSURANCE INFORMATION

This requirement can be satisfied by providing a certificate of insurance from the user's insurance company with the University of Arkansas Community College at Batesville named as an additional insured. Proof of liability insurance must be submitted within 10 business days of the scheduled event.

EVENT SET-UP REQUIREMENTS

UACCB has round banquet tables, rectangular tables and banquet chairs available for use. The contact person for the event should work with the Events Coordinator for Independence Hall regarding set up for the event. **UACCB does not supply table linens, china, or flatware.** Any use of incense, fog machines, pyrotechnics, and/or open-flamed candles must be listed below and must be approved in advance of the event. If approved, drip-less candles with sleeves or holders must be used. At no time will the fire alarm, smoke detectors, or any other safety system be disarmed or de-activated for the purpose of using this type of equipment. Additional items UACCB can provide are listed below. Please place an X in the box next to the item needed for your event.

- | | | |
|--|---|--------------------------|
| <input type="checkbox"/> Sound System Background or | <input type="checkbox"/> Dinner Music Piano | <input type="checkbox"/> |
| <input type="checkbox"/> Podium with Microphone | <input type="checkbox"/> PowerPoint Projector Easel | <input type="checkbox"/> |
| <input type="checkbox"/> Projection Screen Television | <input type="checkbox"/> VCR | <input type="checkbox"/> |
| <input type="checkbox"/> Microphones – How many? <input type="text"/> | <input type="checkbox"/> Overhead Projector DVD | <input type="checkbox"/> |
| <input type="checkbox"/> Other Needs (parking, security, equipment, etc.): | | |

| | Rental Fees | | | Maintenance/Cleaning Fee |
|---|-------------|-----------|-----------|--------------------------|
| Room | Full Day | 4 Hours | 1 hour | (per day) |
| 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 |
| NAH 902 (2,500 sq. ft.) | \$ 180.00 | \$ 90.00 | \$ 30.00 | \$ 75.00 |
| NAH 902 Foyer (1,000 sq. ft.) | \$ 60.00 | \$ 30.00 | \$ 10.00 | \$ 25.00 |
| Full Day Rental is 8:00 a.m. to 10:00 p.m. Monday thru Saturday (Campus is closed on Sundays) | | | | |
| The rental fee may be 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. | | | | |

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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 Tobacco Free Policy.

Completion of this form **SHOULD NOT** be considered as confirmation of any request. The event sponsor will receive a formal confirmation after this form has been completed, returned, and reviewed by the Event Coordinator for Independence Hall. If you have any questions, you may contact the Event Coordinator at events@uaccb.edu

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

Sponsor/Official Representative

Date

Please return form to:

UACCB
Attn: Events Coordinator
P.O. Box 3350
Batesville, AR 72503-3350
870-612-2004 (O); 870-612-2128 (Fax)
e-mail: events@uaccb.edu

Adopted: April 17, 2003

Revised: February 26, 2010
July 11, 2012

Facility Usage Fees

| | |
|-------|----------------------------|
| _____ | Maintenance/Cleaning Fee |
| _____ | Tobacco Compliance Deposit |
| _____ | Anticipated Rental Fee |
| _____ | Total Due |