

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):

- IH 102 IH 103 IH 104 Banquet Hall
- Banquet Halls (IH 140 E/W) IH Auditorium w/ main stage
- IH Auditorium w/ main stage and IH 140 West/East NAH 902 Lecture Hall NAH 902 Foyer
- 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.

- Sound System Background or Dinner Music Piano
- Podium with Microphone PowerPoint Projector Easel
- Projection Screen Television VCR
- Microphones – How many? Overhead Projector DVD
- Other Needs (parking, security, equipment, etc.):

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
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.				

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