



5900 S. Santa Fe Drive, Littleton, CO 80160 | Tel: 303.797.5692 | Fax: 303.797.5609 | www.arapahoe.edu

Facility Use Agreement

Contact: _____	Event Date: _____
Organization: _____	Location: _____
Address: _____	Start Time: _____
City, State, _____	End Time: _____
Zip _____	
Telephone: _____	Facility Rental Charge: _____
Email: _____	Other Charges: _____
	Other Charges: _____

Total Estimated Cost	
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The Applicant, in signing this agreement and initialing receipt of applicable Addenda, agrees to; adhere to all Policies, Rules and Regulations of ACC, to take proper care of the facilities and equipment used, and has received Addenda;

		Acknowledgement	
Addendum A	Process Disclaimer	*	
Addendum B	Terms and Conditions	*	
Addendum C	Insurance		
Addendum D	Software		
Addendum E	Exterior Facilities		

Full payment of the Total Estimated Cost is required with the signed agreement. Additional rental hour(s), cleaning, and damage charges will be assessed if the condition of the facility warrants it at the conclusion of the event. When a cancellation notification is received, at least seven calendar days prior to the scheduled date, the Total Estimated Cost will be refunded less \$100. Otherwise the applicant forfeits the entire Total Estimated Cost for payment.

Reservations will only be officially granted when a completed signed copy of this Agreement has been fully executed, Invoice and Full Payment have been submitted to the Facilities Rental Manager via mail or a scanned copy to email: Facilities Rental Manager Box #37, Arapahoe Community College, 5900 South Santa Fe Drive, P.O. Box 9002, Littleton, CO 80160-9002 or to carol.chelland@arapahoe.edu

Facility Rental Applicant Signature	Applicant Printed Name	Date
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Facility Rental Authorized Signature	Date
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