



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, Zip _____	End Time: _____
Telephone: _____	Facility Rental Charge: _____
Email: _____	Other Charges: _____
	Other Charges: _____

Total Estimated Cost	
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The Applicant, in signing this agreement agrees to; adhere to all Policies, Rules and Regulations of CCCS and ACC. The details of this event are described in the Event Specification document.

Addendum A	Use of College Buildings and Property
Addendum B	Terms and Conditions
Addendum C	Process Disclaimer
Addendum D	Insurance
Addendum E	Software
Addendum F	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 #47, Arapahoe Community College, 5900 South Santa Fe Drive, P.O. Box 9002, Littleton, CO 80160-9002 or to Facility.Rental@arapahoe.edu

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