



FACILITY USE APPLICATION – EXTERNAL GROUPS

This form should be submitted at least 30 days in advance of requested date.

Please return completed form to:

Jessica McLaughlin, Foundation Specialist, SSB 2108
4601 Mid Rivers Mall Drive – Cottleville, MO 63376
(636)922-8437
jmclaughlin@stchas.edu

Name of Organization	Date of Application										
Contact Name	Title/Role in Organization										
Street Address	City/State/Zip Code										
Phone Number	E-Mail Address										
Title of Event: Date of Event: Anticipated Attendance: Event Time: From _____ To _____ (please list actual start and end times) Additional Time Necessary: <table style="width: 100%; border: none;"> <tr> <td style="padding-right: 20px;">Setup</td> <td><input type="checkbox"/> 1/2 Hour</td> <td><input type="checkbox"/> 1 Hour</td> <td><input type="checkbox"/> 2 Hours</td> <td><input type="checkbox"/> Previous Day _____</td> </tr> <tr> <td>Takedown</td> <td><input type="checkbox"/> 1/2 Hour</td> <td><input type="checkbox"/> 1 Hour</td> <td><input type="checkbox"/> 2 Hours</td> <td><input type="checkbox"/> Following Day _____</td> </tr> </table>		Setup	<input type="checkbox"/> 1/2 Hour	<input type="checkbox"/> 1 Hour	<input type="checkbox"/> 2 Hours	<input type="checkbox"/> Previous Day _____	Takedown	<input type="checkbox"/> 1/2 Hour	<input type="checkbox"/> 1 Hour	<input type="checkbox"/> 2 Hours	<input type="checkbox"/> Following Day _____
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Brief Description of Event _____ _____											
Space Requested: <input type="checkbox"/> CC Gym <input type="checkbox"/> CC Rotunda <input type="checkbox"/> Café/Bookstore <input type="checkbox"/> SC Scooter's Place <input type="checkbox"/> SSB 1102 <input type="checkbox"/> FAB Space <input type="checkbox"/> SSB Auditorium <input type="checkbox"/> SC 205 <input type="checkbox"/> SC 206 <input type="checkbox"/> SC PDR <input type="checkbox"/> Parking Lot <input type="checkbox"/> Classroom(s) _____ <input type="checkbox"/> Other/Unsure (I would like the Events Coordinator to help me secure the best space for my needs)											
Will you be charging admission for this event? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? _____ Admission standards for the event: <input type="checkbox"/> Ticket Required <input type="checkbox"/> Invitation Only <input type="checkbox"/> Open to the Public											
Will food or beverages be served? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please contact SCC Catering Manager, at catering@stchas.edu or (636)922-8391. All campus catering is provided by SCC Catering unless other arrangements have been made through the Catering Manager <small>*Please note our events are alcohol free*</small>											
Do you have Instructional Media needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are your needs? <input type="checkbox"/> Podium and Microphone <input type="checkbox"/> Projector and screen <input type="checkbox"/> Internet Access <input type="checkbox"/> Computer <input type="checkbox"/> DVD Player Other _____											
Is special room setup required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe your needs. Attach a separate configuration drawing if necessary. <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Banquet style seating for _____ people</td> <td><input type="checkbox"/> Maximum for space</td> </tr> <tr> <td><input type="checkbox"/> Classroom style seating for _____ people</td> <td><input type="checkbox"/> Maximum for space</td> </tr> <tr> <td><input type="checkbox"/> Theater style seating (Chairs only) for _____ people</td> <td><input type="checkbox"/> Maximum for space</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>		<input type="checkbox"/> Banquet style seating for _____ people	<input type="checkbox"/> Maximum for space	<input type="checkbox"/> Classroom style seating for _____ people	<input type="checkbox"/> Maximum for space	<input type="checkbox"/> Theater style seating (Chairs only) for _____ people	<input type="checkbox"/> Maximum for space	<input type="checkbox"/> Other _____			
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Applicant is responsible for payment of any damages to College Facilities



RENTAL AGREEMENT

Applicants will be invoiced at the time of booking. A 50% deposit is due at this time. All remaining balances are due 30 days prior to the event. Penalties, including the cancellation of the event and/or additional fees, will be applied for organizations who fail to remit payment 30 days prior to their event.

St. Charles Community College's standard rental includes the cost of space rental, basic housekeeping charges, basic setup and tear down of tables and chairs* and event parking. Additional charges for damages and excessive cleaning will be assessed the week following the event. If additional charges are required, a second invoice will be issued.

*Basic setup for indoor events includes up to 20 tables and 60 chairs. Events requiring up to 40 tables and 120 chairs will be charged a \$100 fee. Events requiring more than 40 tables and 120 chairs will be charged a \$200 fee.

I, _____, have read and agree to the preceding rental agreement for St. Charles Community College. I understand that if I fail to follow the above invoicing procedures, my event may be canceled and my organization will be denied future consideration for facility rentals at the college.

Signature of Applicant _____



WAIVER, RELEASE, AND AGREEMENT TO INDEMNIFY AND HOLD HARMLESS

The undersigned hereby acknowledges that St. Charles Community College does not carry medical pay coverage for its premises or vehicles. The undersigned further acknowledges that the activity listed herein may result in personal injury to the participants. The undersigned further acknowledges that the activity is outside the direct supervision of St. Charles Community College. Accordingly, the undersigned hereby assumes the risk of any injuries resulting from the activity listed herein.

In consideration of _____ (Name of Event/Activity), sponsored by _____ (Name of Organization), the undersigned hereby releases from any legal liability the Community College, its administrators, board members, teachers, employees, volunteers and agents from any and all liability for damage, injury or death, or any claim based upon negligence on the part of the Community College or any of its board members, administrators, teachers, employees, volunteers or agents arising out of or related to the participation mentioned above.

In the event that any person not a party to this agreement make claim or file any lawsuit against the Community College, board members, administrators, teachers, employees or agents relating to the participation mentioned above, the undersigned agrees to indemnify (that is, reimburse if necessary), defend and hold harmless the Community College, board members, administrators, teachers, employees and agents, from any and all such claims and lawsuits, including the payment of all damages, expenses, costs and attorney's fees.

Organization Representative

Date