NorthWest Arkansas Community College
Facilities Use Request Form

Corporate Groups

Facility/Room Requested_____ **Date of Activity**_____

Actual Event Time_____ **Set up Time** _____ **Clean up Time**_____

Purpose and Description of Event _____

_____ **Number of People Expected to Attend**_____

Organization _____ _____

Physical Address_____ **Billing Address**_____

City _____, **State** ___ **Zip**_____ **City** _____, **State** _____ **Zip**_____

Telephone Number_____ **Fax Number**_____

E-Mail Address_____

Person Submitting Request_____ **Phone**_____

Will Admission fees be charged, contributions solicited, or Items offered for Sale? ☐ **Yes** ☐ **No**
If yes, please explain_____ **(Attach Additional Page if Necessary)**

Special Needs Checklist

_____# of Tables	_____# of Chairs	_____Powerpoint*
_____TV/VCR*	_____LCD Projector*	_____Projection Screen*
_____Microphone (Sound)*	_____Lectern	_____Transparency Projector*

Special setup required_____
If you have questions about existing room set up or capabilities, please contact our Special Events Coordinator, Barbara McBride at bmcbride@nwacc.edu or 936-5172. ***An additional $25 per room Technology Fee will be assessed.***
Will your event be catered? ☐ No ☐ Yes If yes, please be advised that all catered events held on campus must be catered by NWACC's contracted caterer, Aramark. Catering Requests should be directed to Ashley Willis at willis-ashley@aramark.com . ***An additional $25 Custodial Fee may be assessed.***

By signing this document I acknowledge that I have read and understand the NWACC Facilities Use Policy and Guidelines and will abide by that policy. The General Policies for Rental of NorthWest Arkansas Community College Facilities can be found at www.nwacc.edu//presidentsoffice/facilities-use.php

Printed Name_____
Signature _____ Date_____

THE COLLEGE WILL REQUIRE THE RENTING ORGANIZATION TO ASSUME ALL LIABILITY FOR INJURY OR DAMAGE TO INDIVIDUALS OR PROPERTY, AND TO IDEMNIFY AND HOLD HARMLESS COLLEGE EMPLOYEES AND THE BOARD OF TRUSTEES FOR ANY LOSS OR DAMAGE.

For Office Use Only

Request Cancelled? ☐ Yes ☐ No If so, by whom_____
Room Charge Amount $_____ Technology Fee$ _____
Catering Fee: $_____ Custodial Fee $_____
City of Bentonville Hospitality Tax: Total fees x 2% $_0_____ Total Invoice Amount $ 0_____
Local Contact (if applicable)_____Local Phone_____

Return Completed Form To: NorthWest Arkansas Community College
Barbara McBride, Special Events Coordinator
One College Dr. Bentonville, AR 72712
Phone (479) 936-5172, Fax (479) 936-5198 bmcbride@nwacc.edu

Submit Form