



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 Jackie Moore at moore-jackie@aramark.com. *An additional \$25 Custodial Fee will 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 Guidelines for Rental of College Facilities can be found at www.nwacc.edu/ _____

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% \$ _____ Total Invoice Amount \$ _____

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