



# NorthWest Arkansas Community College Facilities Use Request Form

## Non-Profit 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 \_\_\_\_\_ Non Profit Status \_\_\_\_\_

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](mailto:bmcbride@nwacc.edu) or 936-5172. **\*An additional \$15 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](mailto:moore-jackie@aramark.com). **An additional \$15 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/](http://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? <input type="checkbox"/> Yes <input type="checkbox"/> 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](mailto:bmcbride@nwacc.edu)