



El Camino Community College
AGREEMENT BETWEEN
EL CAMINO COMMUNITY COLLEGE DISTRICT AND USER
 California Education Code 82537

(Please note: Certificate of Insurance form will be required at least 48 hours in advance of the event.)

Date of Application: _____ Non-Profit: For-Profit: Phone: _____

Group/Company Name: _____ Contact Person: _____

Address: _____ E-mail: _____

Name/Nature of Event: _____

Event Description:

Date(s) of Event: _____

Website where event is advertised: _____

Expected Attendance: _____ Open to Public? Yes No Vendor/Merchandise? Yes No

Admission? Yes No Amount: _____ Food at Event? Yes No

| Facility | Start Date & Time | End Date & Time | Add'l Setup Time | Add'l Tear Down Time |
|----------|-------------------|-----------------|------------------|----------------------|
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Rental of District Equipment being requested (i.e., chairs, tables, sound system, athletic equipment):

Additional Information/Comments:

Please fill out application and email to bdelahunt@elcamino.edu

The District shall attach a cost sheet to this document upon confirmation of application approval. An application fee of \$60.00-\$100.00 shall be applied at that time. In accordance with Education Code Section 76360, all Users of District facilities will be subject to a parking fee to be determined by the District.

It is agreed that should the User cancel the event within 48 hours of the scheduled time, the User shall pay the District's scheduled staff hours for the event at the rate for each cancelled employee for three (3) hours.

It is understood and agreed that the District will be reimbursed for any damages, if applicable, or expenses exceeding the rental fee. The attached cost sheet is an estimate. Damages, additional renter time, or additional staffing will be billed to the User upon completion of the scheduled event.

By signing below, the Applicant understands and agrees this application is not a confirmation of facility use and that the date(s) for the event will not be confirmed until the Applicant receives written confirmation from an authorized representative of the El Camino Community College District. If the application is approved, the undersigned has read and hereby agrees to abide by and enforce all rules and regulations including insurance requirements pertaining to the use of school facilities established by the Board of Trustees of the El Camino Community College District as printed on the second page of this application. I certify that I am authorized to sign on behalf of Applicant:

Applicant's Signature: _____ **Date:** _____

El Camino College Section
To be Compiled After Inquiry

| Department | Approver Name | Signature | Staffing Required |
|--------------------------------|----------------------|------------------|--------------------------|
| Athletics | | | |
| Risk Management | | | |
| Campus Police | | | |
| Marketing and Communications | | | |
| Facilities Planning & Services | | | |