



## FACILITY RENTAL/USAGE AGREEMENT

<input type="checkbox"/> RESIDENT (\$200 SECURITY DEPOSIT)    OR <input type="checkbox"/> NON-RESIDENT (\$500 SECURITY DEPOSIT)	
*If resident, account number:	
EVENT DATE	EVENT TYPE

PRIMARY CONTACT NAME	ADDRESS	
EMAIL ADDRESS		CONTACT NUMBER
SECONDARY CONTACT NAME	SECONDARY CONTACT NUMBER	

Reservation times: Monday – Sunday 8 am – 10 pm, 2 hour minimum

Hourly fees: Monday – Thursday \$30 resident / \$50 non-resident: Friday – Sunday \$75 resident / \$100 non-resident

RESERVATION START TIME (INCLUDE SET-UP/DECORATION)	RESERVATION END TIME (INCLUDE CLEAN-UP TIME)
TOTAL HOURS RESERVED:	TOTAL NUMBER OF GUEST:

**EVENT DETAILS:** Information must be provided to Spectrum Community Association 14 days prior to the event.

EQUIPMENT NEEDED: <i>no additional charge</i>			
6 ft. tables (max available 10)	Square Card tables (max available 10)	60" Round tables (max available 3)	Folding Chairs (max available 87)
Access to TV	Access to PA System (Mic, Aux)	Door Stops	Signage

\_\_\_ No, Alcohol is NOT being served

\_\_\_ Yes, Alcohol is being served. I will provide Host Liquor Liability Insurance Certificate (\$1M)

\_\_\_ Yes, Alcohol is being served. I agree to hire an insured professional bartending service

**Fill out applicable information**

Bartending Service	Bartending Service Number
Catering Service	Catering Service Number
DJ or Band	DJ or Band Number
Rental Company	Rental Company Number

\_\_\_\_\_  
Primary Contact Signature

\_\_\_\_\_  
Date



## FACILITY RENTAL/USAGE AGREEMENT

I, the undersigned agree to indemnify, defend and hold harmless the Spectrum Community Association (SCA) including but not limited to its directors, its employees, agents, attorneys, representatives, successors and assigns from any and all claims, liability or loss whatsoever suffered by anyone from the use of the Spectrum Community Center including but not limited to general negligence or staff negligence or equipment failure of any kind. I will not hold SCA responsible for any physical harm that is suffered or any property damage that is incurred from the activities related to the use of the Spectrum Community Center or other amenities.

I have been given and read completely, *Spectrum Community Association Rentals: Private Events and Special Occasions* informational brochure and I am aware of all the requirements when renting the facility.

I also understand that any damage to the property, buildings or furnishings will be my responsibility and additional charges will be assessed to cover any damages incurred during my rental. I accept full responsibility for the conduct of my guest. I have read and fully understand the terms of this Agreement and the policies set forth herein and by signing this Agreement, I agree to adhere to all policies regarding the use of the facility.

When all conditions of this Agreement and the provisions stated in the *Rentals: Private Events and Special Occasions* informational brochure are met; the refundable deposit will be processed and returned in approximately 14 business days. I understand that any violation of these rules allows SCA to keep a portion or all the deposit. If the deposit amount is not sufficient to correct all damage caused during the use of the facility, Renter shall be liable for excess amount needed for any damage or theft and agree to pay SCA for any replacement costs. The deposit will not be applied to your rental fee. The refund will be mailed to the address listed on the agreement form from CCMC's corporate office in Scottsdale.

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**Primary Contact Signature**

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**Date**

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**OFFICE ONLY:**

<b>Deposit (Cash, Check or Money Order)</b> <b>Amount: \$200 resident or \$500 non-resident</b>	<b>Date:</b>	<b>Received by:</b>
<b>Cleaning Fee collected (\$75) date:</b>	<b>Rental hours total:</b>	<b>Rental hourly fee amount:</b>  <b>Rental hourly fee collected date:</b>
<b>Date of pre-event meeting with Lifestyle Director (week of event):</b>		