



COMPTON COMMUNITY COLLEGE DISTRICT FACILITY RENTALS RESERVATION GUIDELINES

1. Application/Letter of Intent

The application form/Letter of Intent is the first stage in the reservation process. From the information you provide on this we can:

- Determine if we have available facilities to meet your needs
- Determine if the dates that you require will not be in conflict with the College's activities

If we can adequately provide you what you need then we will send you a Civic Center Contract/Permit for Use of Facilities for confirmation.

2. Non-refundable deposit

An authorized representative of the organization must return the application form along with the non-refundable application fee within two (2) weeks of first contact to officially reserve the facility. Failure to meet this schedule will result in the cancellation or rescheduling of the event.

3. Civic Center Contract/Permit for Use of Facilities

The Contract may include and should be signed and returned within two weeks:

- Agreement – For the Stadium, Gymnasium, Student Lounge, Staff Lounge, Allied Health Forum, Parking Lot(s) and Classrooms
- Fee Estimate - All venues
- Supplement to Contract – Other venues as required

4. Letter of Determination (For Non-Profit Rate)

The District requires a Letter of Determination from the State of California as a proof of the organization's non-profit status.

5. Certificate of Insurance

A certificate of Insurance for property and liability coverage in the amount of \$1,000,000.00 with an attached Additional Insured Endorsement naming Compton Community College District as additional insured is required for all usage.

6. Payment

Upon accepting and signing Contract/Agreement a 50% deposit is required with balance payable Seven (7) days prior to event. Payment(s) should be made in form of a Money Order, Certified Check or Cashiers Check made payable to **Compton Community College District**.

7. Cancellation

If the event is canceled no less than six (6) weeks in advance, a full refund of the deposit will be made. No refund will be made otherwise.

8. Further Information

Please do not hesitate to contact us should you have any questions about this guideline or need further information about your rental. Contact: Stella Luna

- Telephone: (310) 900-1600 x 2973 Fax: (310) 900-1691 Email: luna_s@compton.edu
- Mailing Address: [El Camino College/Compton Center](#), 1111 East Artesia Blvd., Compton, Ca 90221
- Office: Facilities Rental Division/C-34

COMPTON COMMUNITY COLLEGE DISTRICT

Contract No: _____
FY: _____

APPLICATION/PERMIT FOR USE OF FACILITIES

1111 EAST ARTESIA BLVD., COMPTON, CA 90221-5393
310-900-1600 ext 2973
Attention: Stella Luna

REQUEST IS HEREBY MADE BY THE UNDERSIGNED
FOR THE USE OF THE FOLLOWING SCHOOL PREMISES
ON THE DATE (S) SET FORTH BELOW

DATE OF
APPLICATION: _____

Non-refundable deposit – An authorized representative of the organization must return the application form along with the non-refundable application fee of \$50.00 within two (2) weeks of first contact to officially reserve the facility. Failure to meet this schedule will result in the cancellation or rescheduling of the event.

FACILITY	DATE(S)	HOURS

FACILITY REQUESTED:

-
- | | | | | |
|---|---|---|--|----------------------------------|
| <input type="checkbox"/> ALLIED HEALTH | <input type="checkbox"/> BOARD ROOM | <input type="checkbox"/> CLASSROOM (S)* | <input type="checkbox"/> FIELDS | <input type="checkbox"/> STADIUM |
| <input type="checkbox"/> LITTLE THEATRE | <input type="checkbox"/> STUDENT LOUNGE | <input type="checkbox"/> STAFF LOUNGE | <input type="checkbox"/> SWIMMING POOL | <input type="checkbox"/> GYM |

*Classroom (\$ _____)
(Specify #of rooms of room no.)

*Field (Specify field requested) _____

Purpose of Use of Facility:

Expected Attendance: _____ AN ADMISSION CHARGE OR COLLECTION - WILL NOT BE MADE () WILL BE MADE ()

THE PROCEEDS WILL BE USED FOR _____

NON-PROFIT-FEDERAL ID# : _____ (if applicable)

EQUIPMENT REQUIREMENTS:

Tables (how many) _____ Podium/Mic _____ Stage (specify size) _____ Backdrops (for gym only) _____

Chairs (how many) _____ other _____

APPLICATION/PERMIT FOR USE OF FACILITIES

AGREEMENT:

A CERTIFICATE OF INSURANCE FOR \$1,000,000.00 NAMING COMPTON COMMUNITY COLLEGE DISTRICT AS ADDITIONAL INSURED IS REQUIRED FOR ALL FACILITIES EXCEPT FOR CLASSROOMS OF A LIMITED DURATION. AT THE DISCRETION OF THE DISTRICT HIGHER INSURANCE LIMITS MAY BE REQUIRED.

THE CERTIFICATE OF INSURANCE AND RENTAL FEE BALANCE ARE DUE (10) BUSINESS DAYS PRIOR TO THE FIRST DATE OF THE EVENT. FEES ARE PAYABLE IN THE FORM OF A CASHIER'S CHECK, CERTIFIED CHECK OR MONEY ORDER AT LEAST TEN (10) BUSINESS DAY IN ADVANCE OF THE FIRST DAY OF USAGE.

WE HEREBY CERTIFY THAT WE SHALL BE PERSONALLY RESPONSIBLE ON BEHALF OF OUR ORGANIZATION, FOR ANY DAMAGE SUSTAINED BY THE SCHOOL PREMISES, FURNITURE, OR EQUIPMENT BECAUSE OF THE OCCUPANCY OF SAID PREMISES BY OUR ORGANIZATION. WE AGREE TO ABIDE BY AND TO ENFORCE THE RULES, REGULATIONS AND POLICIES OF THE COMPTON COMMUNITY COLLEGE DISTRICT GOVERNING THE USE OF SCHOOL PREMISES.

WE AGREE TO HOLD THE COMPTON COMMUNITY COLLEGE DISTRICT; ITS BOARD OF TRUSTEES; THE INDIVIDUAL MEMBERS THEREOF; AND ALL DISTRICT OFFICERS, AGENTS, AND EMPLOYEES FREE AND HARMLESS FROM ANY LOSS, DAMAGE, LIABILITY, COST, OR EXPENSE THAT MAY ARISE DURING OR BE CAUSED IN ANY WAY BY SUCH USE OR OCCUPANCY OF COLLEGE PROPERTY.

"AS-IS". THE COMPTON COMMUNITY COLLEGE DISTRICT MAKES NO REPRESENTATION OR WARRANTY TO THE UNDERSIGNED OF ANY KIND, EXPRESS OR IMPLIED, REGARDING THE FACILITIES AND/OR ANY EQUIPMENT OR PERSONNEL PROVIDED BY THE COMPTON COMMUNITY COLLEGE DISTRICT. THE UNDERSIGNED HEREBY AGREES THAT THE FACILITIES ARE BEING LICENSED FOR USE BY THE UNDERSIGNED ON AN "AS-IS", "WHERE-IS" AND "WITH ANY AND ALL FAULTS" BASIS, WITHOUT REPRESENTATION OR WARRANTY, WHETHER EXPRESS OR IMPLIED, OF ANY KIND WHATSOEVER. IN FURTHERANCE HEREOF AND WITHOUT LIMITATION, THE UNDERSIGNED ACKNOWLEDGES THAT IT HAS INSPECTED THE REQUESTED FACILITY AND THE RELATED TECHNICAL FACILITIES AND THE EQUIPMENT, IF APPLICABLE, IS SATISFIED WITH THE CONDITION AND FITNESS THEREOF, AND ACCEPTS SAME "AS IS", WITH ANY AND ALL FAULTS AND WITHOUT WARRANTY, EXPRESS OR IMPLIED, INCLUDING, WITHOUT LIMITATION, ANY WARRANTY OF FITNESS FOR THE UNDERSIGNED'S PARTICULAR PURPOSES. THE UNDERSIGNED EXPRESSLY WAIVES ANY AND ALL CLAIMS FOR DEFECTS IN THE SUBJECT FACILITY AND THE RELATED TECHNICAL FACILITIES AND THE EQUIPMENT, INCLUDING ANY LATENT DEFECTS THEREIN.

SURRENDER OF CENTER/REMOVAL OF PROPERTY. THE UNDERSIGNED AGREES TO VACATE THE SUBJECT FACILITY AND REMOVE ALL OF ITS EQUIPMENT AND OTHER PERSONAL PROPERTY FROM THE FACILITY ON OR BEFORE THE EXPIRATION OF THE USE OF FACILITIES APPLICATION AND AGREEMENT ("EXPIRATION DATE"). AS OF THE EXPIRATION DATE AND WITHOUT LIMITATION OF THE UNDERSIGNED'S OTHER OBLIGATIONS HEREUNDER, THE UNDERSIGNED AGREES TO SURRENDER POSSESSION OF THE FACILITY TO THE COMPTON COMMUNITY COLLEGE DISTRICT IN "BROOM CLEAN" CONDITION, WITHOUT DAMAGE THERETO WHATSOEVER. IN FURTHERANCE HEREOF, THE UNDERSIGNED AGREES THAT TIME IS OF THE ESSENCE WITH RESPECT TO ITS OBLIGATIONS HEREUNDER. IN THE EVENT THE UNDERSIGNED FAILS TO VACATE THE FACILITY AND REMOVE ITS EQUIPMENT AND/OR OTHER PERSONAL PROPERTY AS REQUIRED HEREIN, SUCH EQUIPMENT AND/OR OTHER PERSONAL PROPERTY SHALL BE DEEMED ABANDONED BY THE UNDERSIGNED AND THE COMPTON COMMUNITY COLLEGE DISTRICT MAY DISPOSE OF SAME AS IT SEES FIT, INCLUSIVE OF THE RIGHT (BUT NOT THE OBLIGATION) TO STORE SAME AT THE EXPENSE OF THE UNDERSIGNED. THE UNDERSIGNED SHALL BE SOLELY RESPONSIBLE FOR ALL DAMAGES, INCLUDING COSTS AND EXPENSES, INCURRED BY THE COMPTON COMMUNITY COLLEGE DISTRICT IN FURTHERANCE OF ITS RIGHTS HEREUNDER.

THE UNDERSIGNED STATES THAT TO THE BEST OF HIS KNOWLEDGE THE SCHOOL PROPERTY FOR USE OF THE WHICH APPLICATION IS HEREBY MADE WILL NOT BE USED FOR THE COMMISSION OF ANY ACT WHICH IS PROHIBITED LAW OR FOR THE COMMISSION OF ANY CRIME; INCLUDING, BUT LIMITED TO, THE CRIME SPECIFIED IN SECTIONS 11400 AND 11401 OF THE CALIFORNIA PENAL CODE

Name of Organization/Individual _____ (DAY) PHONE _____

Address _____ (Street) (City) (State/Zip Code)

SIGNATURE OF REPRESENTATIVE _____ Date _____ (Evng.or Alternate Phone) _____
(And Title)

CURRENT RENTAL RATES SUBJECT TO CHANGE

CLASSIFICATION

& RENTAL FEE: _____

_____ **AT THE**

TIME RENTER WANTS THE FACILITY UNLOCKED, HE/SHE MUST HAVE A COPY OF THE SIGNED CONTRACT IN HAND AND MUST HAVE PERMIT ON HAND DURING THE DURATION OF THE TIME ON CAMPUS.

Approvals:

Facility Rental Director

Authorized District Representative

(Rev. 10/06)