



Pay Date: _____
Staff Initials/Date: _____
Date of Changes: _____

**CAMP CARROLL
COMMUNITY ACTIVITY CENTER
FACILITY RENTAL FORM**

EVENT START TIME: __: __ EVENT END TIME: __: __ EVENT DATE: _____

TOTAL RENTAL TIME TO INCLUDE SET-UP & BREAK DOWN: _____

ORG / UNIT: _____ UNIT PHONE #: _____

PRIMARY POC : _____ CELL #: _____

EMAIL: _____

SECONDARY POC: _____ CELL#: _____

**** Additional labor may be charged for hours outside of normal operating hours**

Event Description	Rented Area(s)
<u>UNIT:</u>	<input type="checkbox"/> AUDITORIUM: 250 MAX ○ Audio/Visual Needed
<u>Official/Unofficial Function:</u> (circle)	<input type="checkbox"/> OUTSIDE AMPITHEATRE
<u>TYPE OF EVENT/PURPOSE OF USE:</u>	<input type="checkbox"/> Small Office/Movie Room
<u>EXPECTED PARTICIPATION:</u>	<input type="checkbox"/> Additional Equipment
	<input type="checkbox"/> Multi-purpose Room: 32 MAX
	Contact USO at: 0503-363-1430
	Except for chairs/tables additional fees may be charged for equipment rentals for official functions.
	• Room capacity is under normal HPCON A conditions.

*It is the responsibility of the organization to coordinate with Camp Carroll CAC staff before using any of the CAC Facilities. Call: 0503-363-2294 or DSN 763-2294.

Please complete

EQUIPMENT	QUANTITY,	COST	TOTAL
AUDITORIUM <ul style="list-style-type: none"> Audio Visual Needed No Charge for Official Functions 		\$50.00 Per Hour CHAIRS INCLUDED TABLES AVAILABLE	
OUTSIDE STADIUM <ul style="list-style-type: none"> No Charge for Official Functions 		\$20.00 AN HOUR CHAIRS INCLUDED TABLES AVAILABLE	
Multi-Purpose Room 1 <ul style="list-style-type: none"> No Charge for Official Functions 		\$30.00 Per Hour CHAIRS INCLUDED TABLES AVAILABLE	
Tablecloths – Round (Each)		\$6.00 Day	
Tablecloths-Rectangle (Each)		\$6.00 Day	
Room Set Up Fee <ul style="list-style-type: none"> Individuals may choose to set up/clean up room for their event at no charge 	2 Staff	\$50.00 per room set up If MWR staff are used to set up/clean up room	
Portable Grill		\$15.00 Day	
Birthday Party Package Includes Bounce House		\$75.00 for 2 Hours \$15.00 each for an additional 30 min.	
Charcoal Grill Stationary at CAC		\$5.00 Day, 3EA	
Ice Chest		\$3.00 Day	
Gus Gorilla Suit		\$25.00 Day	
Portable Projector	N/A	\$25.00 Day	N/A
Podium		\$25.00 Day	
Presidential Podium <ul style="list-style-type: none"> Indoor Use Only 		\$25.00 <ul style="list-style-type: none"> \$50.00 Security Deposit 	
TOTAL:		\$	

Completed clean-up & turn-in of Facility	Time:_____ Staff initials:_____
Cleaning Fees: \$30.00 per hour	Other Charges:
Reserve before operation hours: _____ hr. x \$30.00 Reserve after operation hours: _____ hr. x \$50.00 These charges will/may be applied for official functions	Grand Total:
Total Additional Charges: \$	

Requestor's Responsibility

The organization is responsible for the following:

The facility must be restored to its original condition within one hour of the contract's end time or a cleaning fee will be charged. More time will be granted for cleaning if necessary. Make sure a staff member initials in the above completed clean-up and **turn-in time box**.

1. Before departing the facilities, CAC Staff will inspect to ensure the area is neat, cleaned and organized or returned to the original state.

Staff Initials: _____

2. Empty all trash cans and place a new bag in each trash can (if necessary).
3. Report any damage, if known, to the CAC Staff.
4. Return all CAC equipment.

Facility Reservation:

Official Functions:

Facility Reservations will not be taken by staff members earlier than the two months and will not extend past two months without management approval. Reservation(s) must be cancelled by writing, phone call or in person to CAC staff with a valid reason signed by the Organizations Commanding Officer or their representative within 48 hours prior to the event. The facility must be restored to its original condition within one hour of the contract's end time or a cleaning fee will be charged.

Unofficial Functions:

Facility Reservations will not be taken by staff members earlier than the two months and will not extend past two months without management approval. To avoid a 25% cancellation fee (management discretion); a 48-hour cancellation notice must be provided in writing or in person. Organizations/Customers will be allowed to pay no later than two days prior to the events; they will still be held responsible to pay the 25% cancellation fee should they fail to cancel appropriately and on time as stated above.

Children's Birthday Parties:

Patrons will be allowed 30 minutes prior to their scheduled party/event to decorate and set up the auditorium at no additional charge. If additional time is needed, a fee of \$15.00 for each 30 minutes is needed for setting up. The times scheduled for use of the Bounce House during the party are included with the reservation; any additional use of the Bounce House can be rented for \$15.00 per 30 minutes.

Patrons will be allowed 30 minutes after their scheduled party/event to clean up and arrange the auditorium back to its original set up at no additional charge. (Customer Initial: _____)

HPCON Mitigation Requirements in Facility:

- Current USFK HPCON guidance will apply, and users MUST be prepared to **adjust** their activity(s) in accordance with the local conditions on the date(s) of their event.

(Signature: _____)

Food & Beverage:

Any outside food or beverages **MUST** come from an approved source. **No alcoholic beverages are allowed in the facility.** Selling food or beverages within the facility is prohibited. OFFICIAL UNIT FUNCTIONS WITH 25 OR MORE PEOPLE WILL HAVE THE OPTION OF USING MWR'S CATERING SERVICES. CONTACT MWR CATERING BY EMAIL AT: areaivcatering@gmail.com. EXCEPTIONS WILL BE MADE WITH THE APPROVAL OF THE MWR'S CHIEF OF COMMUNITY RECREATION.

(Customer Signature: _____)

By signing below: I agree with the enclosed statement/policies and take responsibility to ensure all the terms are met within this agreement. This contract is not valid until all the parties below have signed. Please address questions or concerns to the below management if further assistance is needed. Thank you for your business!

(Print Customer Name): _____

(Customer Signature): _____

(Print Staff Name): _____

(Date & time Staff received contract): _____

Management Signature: _____ APPROVED / DISAPPROVED

Mr. Henry Ross FMWR USAG Daegu
Community Activity Center, Camp Carroll
henry.ross27.naf@army.mil /763-2294