CCME FACILITY RENTAL AGREEMENT

Renter/Organization: _____   Event dates: _____ (If desiring to set up the day before the actual Event, that day must also be reserved and paid for)

Address:

Street: _____

City: _____ State: _____ Zip code: _____

Lot #   Filling # (If Member) _____ / _____

Phone: _____

Email: _____@_____

Preferred method of contact: Phone ☐ Email ☐

Type of event:

Wedding ☐

Graduation ☐

Business meeting ☐

Other: _____

Number of attendees (max 100): _____

Date/Time needed to be in facility to set up: _____ / _____

Special requests: List any special requests. We will determine if those requests can be met and if any additional fees would apply.

General info
The CCME Building in its entirety is a Smoke-Free building. Smoking is only permitted outdoors in the designated area at the front of the property.

Use of the pool and the fitness room are **not** included in rental programs.

The CCME Clubhouse has tables and chairs that you can use for your event inside of the clubhouse.

CCME does not provide party or wedding planning.
The CCME POA and / or the Board of Directors assume NO responsibility for any items left at the facility, nor any injuries incurred on the premises. Any liability issues incurred due to alcohol consumption is the responsibility of the renter.

****** <u>NO CONFETTI</u>******

<u>Areas to be reserved:</u>

- Indoor Event Area ☐
- Outdoor ☐
- Kitchen ☐
- Technology – Monitor, speakers, microphones ☐

<u>Dining:</u>

- Will food be served   Yes ☐ No ☐
- Name of caterer: _____
- Will there be a cash bar or alcohol served at the Event   Yes ☐ No ☐
  - If a **<u>Cash Bar</u>** is utilized an alcohol license must be obtained from Teller County and the license must be displayed at the event. Note that the CCME Association does not have a liquor license and will not assist in getting a liquor license for an event.

FEES

Security Deposit   Paid at time of scheduling

CCME Member - $200
Non CCME Member - $500

Host Fee
$80.00 per day
CCME Members are exempt from this fee if the entirety of the Event is held during normal business hours.

Usage fee:
CCME Member: - $100 per day.
Non CCME Member: - $1000 per day

***Balance due no less than 15 days prior to the Event

Cancellation policy

Security deposit will be forfeited if the Event is cancelled less than 15 days of the Event. All other monies will be refunded withing two (2) weeks of cancellation.

Responsibility of the Renter

If the Facility's condition; to include the buildings, parking lot, lighting, decks, and common areas is not left as found a cleaning fee of $50 per hour will be deducted from the Deposit and the remainder, if any, will be refunded within two (2) weeks of the function. Any cost of damage and/or cleaning over the Deposit amount will be the Renter's responsibility and will be billed the same.

An inventory of equipment/hardware will be reviewed with the Renter. Any missing/damaged items after the event will be charged against the deposit at the current rate for replacement. If replacement cost exceeds the deposit amount, the Renter will be billed.

Clean up

After the event, the facility shall be cleaned and ready for use prior to 7:30 AM the next day unless otherwise agreed upon at the time of rental.

The following must be completed at the end of the Event

- Trash picked up indoors and outdoors to include Parking lot, Deck, and Common areas. Trash cans are available.
- Tables/chairs wiped down
- Clean kitchen and any kitchen items used
- Technology (Remotes and microphones) returned

Walkthroughs: Two walk-throughs with a CCME Host will be conducted

    Initial: Conducted by the Host upon opening the event area with Renter
    Post: Conducted by the Host before closing the event area with the Renter

Certification

I understand and will abide by the rules/conditions as outlined above in this Facility Rental Agreement.

Renter name printed _____   Date: _____

Renter signature_____

For Office Use Only

Date of request: _____

Fees received. Check/Invoice number: _____ Date: _____

CCME representative (printed) _____

CCME representative signature_____ Date: _____

Status of Facility after the Event

- ○ Acceptable   ☐
- ○ Unacceptable   ☐
    - ○ Explanation/ with pictures:

                  _____
                  _____

Verified by: _____ Date: _____

Date Deposit returned: _____ Initials: _____

February 2025