



CRIPPLE CREEK MOUNTAIN ESTATES PROPERTY OWNERS' ASSOCIATION

FACILITY RENTAL AGREEMENT

RENTAL OF BANQUET FACILITY (FOR NON-MEMBERS)

REQUIRED DEPOSIT: \$200.00 (accompanied by a self-addressed, stamped envelope)
NON-REFUNDABLE USE FEE: \$1,000.00

SEPARATE CHECKS FOR DEPOSIT AND NON-REFUNDABLE USE FEE MUST BE PAID AT LEAST FIFTEEN (15) DAYS PRIOR TO THE FUNCTION.

THE BANQUET FACILITY IS IDENTIFIED AS THE FORMER RESTAURANT AND FORMER LOUNGE AREAS ONLY AND DOES NOT INCLUDE THE USE OF THE FITNESS ROOM NOR THE USE OF THE SWIMMING POOL. THE MAXIMUM CAPACITY OF THE BANQUET FACILITY IS 100 PERSONS. **THE CCMEPOA BUILDING, IN ITS ENTIRETY, IS A SMOKE-FREE BUILDING.** NO SMOKING IS ALLOWED WITHIN FIFTEEN (15) FEET OF ANY MAIN ENTRANCE.

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.

RESPONSIBILITIES OF RENTER

- A. The facility shall be cleaned within two (2) days of the function.
- B. **LEAVE THE FACILITY AS IT IS FOUND.**
 1. Two walk-throughs with a CCME Representative will be conducted.
 - a. **Prior** to the function at the time of key pick-up
 - b. **After** the function at the time of key return. (Must be during business hours)
 2. Vacuum floors (CCME vacuum will be available)
 3. Empty trash (CCME will provide trash bags)
LEAVE TRASH BAGS JUST INSIDE THE GLASS DOORS OF THE FACILITY AND CCME WILL DISPENSE.
 4. Wash all steam insert pans if applicable.
 5. A cost of \$125 will be assessed to the renter if the facility is not adequately cleaned.

- C. KITCHEN PRIVILEGES. Cooking in the kitchen is allowed. Leave as found. Sinks may be used for cleaning purposes.
- D. PARKING LOT, DECK AREAS, AND COMMON AREAS
 - 1. Clean up all areas
- E. TECHNOLOGY
 - 1. Remotes and microphones left in base holders. Everything turned off.

DEPOSIT

If the facility's condition is not left as found, the cost of cleaning will be subtracted from the deposit amount and the remainder, if any, will be refunded. If the facility is adequately cleaned and left as found the deposit of \$200.00 will be returned within two (2) weeks of the function in the envelope you provided. The key to the facility **must** be returned to the office within two business days of your function.

Any damage to the facility, including, but not limited to, the buildings, parking lot and lighting, decks, and common areas will be the responsibility of the renter and will be charged against the damage deposit. Any cost of damage over the deposit amount (\$200) will be the renter's responsibility and will be billed the same.

Request for use of any CCMEPOA equipment (steam tables and insert pans, etc.) must be made at the time of event booking. CCMEPOA does not provide sternos for the steam tables, this is the responsibility of the renter. An inventory of the equipment being requested will be reviewed with the renter. Any missing items will be charged against the deposit at the current rate for replacement. If replacement cost exceeds the deposit amount, the renter will be billed.

CERTIFICATION

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

Signature of Renter

Date

APPROVAL

Signature of CCME Representative

Date

Original: CCME file ()
Copy: One to Renter ()

FUNCTION INFORMATION

DATE: _____ TIME: _____

TYPE OF FUNCTION: _____

DATE OF FUNCTION: _____

FACILITY RENTING: BANQUET ROOM/LOUNGE

NAME: _____

ADDRESS: _____

PHONE: (____) _____

DEPOSIT: \$200.00 RECEIVED CHECK. NO. _____

NON-REFUNDABLE USE FEE: \$1,000.00

RECEIVED CHECK. NO. _____

SIGNATURE OF RENTER: _____

SIGNATURE OF CCMEPOA REPRESENTATIVE: _____

STATUS OF FACILITY PRIOR TO THE FUNCTION:

ACCEPTABLE: _____ UNACCEPTABLE: _____

(PLEASE EXPLAIN) _____

NOTE: Any unacceptable issues will be rectified prior to the function and an additional walk-through may be conducted prior to the function.

FOR OFFICE USE ONLY:

STATUS OF FACILITY AFTER THE FUNCTION:

ACCEPTABLE: _____ UNACCEPTABLE: _____

(PLEASE EXPLAIN) _____

STATUS OF KITCHEN HARDWARE AFTER THE FUNCTION:

ACCEPTABLE: _____ UNACCEPTABLE: _____ (PLEASE EXPLAIN)

DEPOSIT RETURN DATE: _____

RETURNED

BY: _____

WALKTHROUGH CHECKLIST

AFTER THE FUNCTION

PRIOR TO FUNCTION

KITCHEN HARDWARE INVENTORY

- Steam tables/inserts Requested**
 - ____ Number of steam tables
 - ____ Number of 4” steam pans/lids used
 - ____ Number of 2 ½” steam pans/lids used
- 2 ½” perforated steam pan
- Round chafer with lid and inserts

CONDITION OF KITCHEN

- Mop kitchen floors**
- Wipe off all surfaces**
- Clean out sinks**

CONDITION OF BANQUET ROOM/LOUNGE

- Vacuum carpets**
- Mop dance floor**
- Wipe off tables**
- Table/chairs placed in original layout with tablecloths on each table**
- Chairs placed at each table**

CONDITION OF RESTROOMS (MAIN LEVEL/BALCONY LEVEL)

- Clean/toilets/floors**
- Trash cans emptied (Do not leave wet/dirty diapers in trash cans, please take them home with you).**

KITCHEN HARDWARE INVENTORY

- Steam tables/inserts Returned**
 - ____ Number of steam tables
 - ____ Number of 4” steam pans/lids used
 - ____ Number of 2 ½” steam pans/lids used
- 2 ½” perforated steam pan
- Round chafer with lid and inserts

CONDITION OF KITCHEN

- Mop kitchen floors**
- Wipe off all surfaces**
- Clean out sinks**

CONDITION OF BANQUET ROOM/LOUNGE

- Vacuum carpets**
- Mop dance floor**
- Wipe off tables**
- Table/chairs placed in original layout with tablecloths on each table**
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CONDITION OF RESTROOMS (MAIN LEVEL/BALCONY LEVEL)

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- Trash cans emptied (Do not leave wet/dirty diapers in trash cans, please take them home with you).**

Renter Signature **Date**

CCME Representative **Date**

Renter Signature **Date**

CCME Representative **Date**