



## CRIPPLE CREEK MOUNTAIN ESTATES PROPERTY OWNERS' ASSOCIATION

### FACILITY RENTAL AGREEMENT

#### RENTAL OF BANQUET FACILITY (FOR NON-MEMBER)

REQUIRED DEPOSIT: \$200.00 (accompanied by a self-addressed, stamped envelope)  
**NON-REFUNDABLE USE FEE: \$250.00**

SEPARATE CHECKS FOR DEPOSIT AND NON-REFUNDABLE USE FEE MUST BE PAID AT LEAST FIFTEEN (15) DAYS PRIOR TO THE FUNCTION. Visa, Master Card, American Express and Discover Cards are also accepted.

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 \$16.00 per hour will be assessed the renter if the facility is not adequately cleaned.

C. KITCHEN PRIVILEGES. No 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

### DEPOSIT

If the condition of the facility 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 in excess of the deposit amount (\$200) will be the responsibility of the renter and will be billed to 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 sterno 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: (\_\_\_\_) \_\_\_\_\_ FILING # \_\_\_\_\_ LOT # \_\_\_\_\_

DEPOSIT: \$200.00 RECEIVED CHECK. NO. \_\_\_\_\_

NON-REFUNDABLE USE FEE: \$250.00 RECEIVED CHECK. NO. \_\_\_\_\_

CREDIT CARD: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

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: \_\_\_\_\_

**WALK THROUGH CHECKLIST**

**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).**

**AFTER THE FUNCTION**

**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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- 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**