

Date / Time Received: _____



1322 Mable Street * Trenton, MO 64683 * 660-359-3948 ext. 1450

Please complete and return NO LATER than 7 business days prior to the event. Return to Ketcham Community Center front desk, email to ngamet@mail.ncmissouri.edu or mail to:

Ketcham Community Center
C/O Event Staff
1322 Mable Street
Trenton, MO 64683

If you have any questions please call us at 660-359-3948 ext. 1450

Group Organization: _____ Event Date(s): _____

Contact Person: _____ Phone number: _____

Email: _____

Billing address: _____

City St Zip

Approximate number of participants: (Circle)

0-25 25-50 50-75 75-100 100+

Event Information:

Set up time: _____ Start Time: _____ End Time: _____

Type of event: _____

- Is your group a NCMC department or program? YES NO
- If NO, is the event affiliated with a department or program? YES NO
 List department or program: _____
- Will food beverages be served at this event? YES NO
- Will the services of the NCMC concessions be needed? YES NO

If event cancellation becomes necessary, it is the responsibility of the individual/group to notify the Ketcham Community Center staff no less than 48 hours before the event. Failure to notify NCMC within 48 hours of the scheduled event could result in your loss of payment.

Contact Person Initial / Date: _____

Date / Time Received: _____



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Facilities / Rates: (Please check all that apply)

Sugg Conference Room: (28' x 53' / 90 People)

Please Check	Hours	# of Days	(x)	Price
	< 2			\$30
	2 – 4			\$50
	4 – 8			\$80
	All Day			\$110

\$: _____

Half Gym:

Please Check	Hours	# of Days	(x)	Price
	< 2			\$30
	2 – 4			\$50
	4 – 8			\$100
	All Day			\$150

\$: _____

Full Gym:

Please Check	Hours	# of Days	(x)	Price
	< 2			\$50
	2 – 4			\$75
	4 – 8			\$150
	All Day			\$225

\$: _____

Track / Weight Facility Closed During Event:

Please Check	Hours	# of Days	(x)	Price
	0 – 4			\$100
	4 – 8			\$200
	All Day			\$300

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Set Up / Clean Up Fee: (Includes tables, chairs, and flooring)

✓ **Fee applied anytime tables, chairs, or stage are placed on gym floor**

Please Check	Gym Set Up	Price
	Half	\$150
	Full	\$200

\$: _____

Stage:

Please Check	Size	Price
	12' x 24'	\$50
	20' x 40'	\$100

\$: _____

Locker Rooms: (Each Locker / Dressing Room is \$25 per room, per event)

Please Check	# of Rooms (x)	Price
		\$25

\$: _____

Total Rental Fee.....\$: _____

Equipment Needed: (Please check all that apply)

- | | | | |
|---|---|---|------------------------------------|
| <input type="checkbox"/> Round Tables | <input type="checkbox"/> Rectangle Tables | <input type="checkbox"/> Chairs | <input type="checkbox"/> Podium |
| <input type="checkbox"/> Projector / Computer | <input type="checkbox"/> Microphone / Stand | <input type="checkbox"/> Curtains | <input type="checkbox"/> Bleachers |
| <input type="checkbox"/> Basketball Goals | <input type="checkbox"/> Volleyball Nets | <input type="checkbox"/> Scorer's Table | <input type="checkbox"/> Wi Fi |

Insurance:

Proof of a minimum \$1 million liability insurance policy is necessary for any rental agreement with the KCC prior to the date of the event and must be approved by the administration. For those who do not have insurance, contact Missouri United School Insurance Council at 1-800-333-3231. Please make checks payable to NCMC.

Proof of liability insurance on file (Office Use ONLY)

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NCMC Agreement: I understand that the NCMC campus is a tobacco free facility and adheres to an alcohol-free policy. Therefore, all members of our group will respect the tobacco/alcohol free policy. I understand that it is necessary to secure adequate supervision that shall consent to remain during the entire event to protect the property of NCMC and the Ketcham Community Center. I will be responsible for any damages. Furthermore, I understand it is the responsibility of my group to obtain and provide a copy of an insurance policy that covers my group/event against any loss, damages or injuries for the entire period my group and its representatives are on college property. NCMC assumes NO responsibility for loss, injury or damage to any spectator or participant.

Signature of Responsible Party

Phone Number

Date

OFFICE USE ONLY:

Invoice Sent: _____

Invoice Number: _____

Invoice Received: _____