

# FACILITY USE REQUEST FORM

**Name of organization or individual requesting use of UCCI facilities**:

**Type of organization**:

**Address:**

**Rental purpose and title of the event(s):**

**Contact Name and title:**

**Phone:** **Email:**

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| --- | --- | --- |
| **Date(s) Requested** | **Start Time** | **End Time** |
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|  |  |  |

**Expected Number of Participants:**

**Expected Number of Spectators: Total:**

### Please select the rooms or facilities that you would like to rent:

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|  |  |  |
| --- | --- | --- |
| **Facility/Room** | **Number of people**  **(Max capacity)** | **Selection** |
| Sir Vassel Johnson Multi-Purpose Hall | 800 |  |
| Cascade Room | 80 |  |
| PDC 1 | 38 |  |
| PDC 2 | 28 |  |
| PDC 3 | 28 |  |
| PDC 4 | 40 |  |
| Medium Classroom | 50 |  |
| Small Classroom | 20 |  |
| Courtyard |  |  |
| UCCI TV |  |  |
| Catering |  |  |

### Equipment needed (check all that apply)

 Stage

 Table(s) How many?

 Chair(s) How many?

 Projector

 Screen

### Services required: (Check all that apply)

 Set-up

 Breakdown

### Description of Event:

**Floor plan (use this space to illustrate or attach a sketch in your email):**

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### Signature Date

**Please submit your request to** [**rooms@ucci.edu.ky**](mailto:rooms@ucci.edu.ky)**. A member of our team will reach out with a notification of availability within seven days of submission date.**

***Thank you for choosing UCCI for your rental needs.***

# FACILITY RENTAL FEES

The following rates would apply to the listed facilities.

|  |  |  |  |
| --- | --- | --- | --- |
| **SIR VASSEL HALL JOHNSON HALL** | |  | |
| Regular events | Rate per day - $2,000 Rate per hour - $200 | Setup rate per day - $1000 Setup rate per hour - $100 | Use of chairs - $1 per chair Use of tables - $10 per table |
| Sporting Events | Rate per day - $1000 Rate per hour - $100 | No set up rate | Use of chairs - $1 per chair Use of tables - $10 per table |

|  |  |
| --- | --- |
| **CASCADE ROOM** |  |
| Rate per day - $500 Rate per hour - $100 Maximum Capacity - 80 | |

|  |  |
| --- | --- |
| **PDC ROOMS 1 and 4** |  |
| Rate per day - $300  Rate per hour - $75 Maximum Capacity - 40 | |

|  |  |
| --- | --- |
| **PDC ROOMS 2 and 3** |  |
| Rate per day - $250 Rate per hour - $50 Maximum Capacity - 28 | |

|  |  |
| --- | --- |
| **CLASSROOMS** |  |
| Rate per day - $250  Rate per hour - $50  Maximum Capacity – between 20 – 50 (depending on classroom size) | |



## FACILITY RENTAL APPROVAL NOTIFICATION

**(For Official Use Only)**

Please be informed that your rental request has been approved. Please find attached your invoice. Total Rental Fee is

Deposit of is due by

Approved by:

UCCI Personnel/Title:

Phone: Email:

Signature: Date:

**Payment should be made to: *THE UNIVERSITY COLLEGE OF THE CAYMAN ISLANDS***

**ACCEPTANCE**

**Rental policy: Please read the conditions of the rental as stipulated by the policy document attached. Signature of this form indicates acceptance of all applicable fees and conditions.**

**The person/organization requesting the use of UCCI facilities hereby absolves the UCCI, its leadership, and staff of any liability for personal injury to any individual resulting from the use of the campus facilities and agrees to be responsible for any property damage that results during the use of the facilities. Please report any damage to the Facilities Office promptly.**

**Signature: Date:**

**\*Representative signing on behalf of an organization must be duly authorized.**

**Please return this signed form, copy of insurance and deposit to: Office of the President, University College of the Cayman Islands by to confirm rental.**