

# International Center Facility Use Agreement

Submit to: The Center for International and Experiential Education

Durham House  
309 E. Seminary St.  
Greencastle, IN.  
Tel: 765-658-4355

## APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

## EVENT DETAILS:

Description of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Event: \_\_\_\_\_  
Start Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Size of Audience: \_\_\_\_\_  
Refreshments: Yes \_\_\_\_\_ No \_\_\_\_\_

## Terms of Agreement

**I have read and agree to comply with the International Center Usage Policies. I assume full responsibility for any and all damages and/or misuse of the facility which may occur during the specified lease period. I agree to pay in full all damages, excess cleaning charges and/or other misuse fees determined to be the responsibility of the host. Failure to abide by International Center Policies will possibly result in suspension of future privileges to use the building.**

Name (printed): \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## **For official use only**

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## **Approved by Center for International and Experiential Education (CIEE)**

Staff: \_\_\_\_\_  
Date: \_\_\_\_\_  
Key Check Out: \_\_\_\_\_  
Key Check In: \_\_\_\_\_