



ROOM REQUEST FORM
257-2120 or 800-934-ENMU (3668)

Room Request Procedures:

- 1. Complete all sections and sign agreement where noted.
2. Return Form by mail to the Information Desk, 709 Mechem Drive, Ruidoso, NM 88345 or email to debbie.sanchez@enmu.edu .
3. Approval of the request will be given either by phone or email.
4. Reservations of college facilities are based on availability.
5. Cancellations require 24 hour notification by the requesting party. Call Debbie Sanchez (575) 257.2120 to cancel use of facilities.
6. The College reserves the right to change or cancel use of facilities for unforeseen circumstances.

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Brief Description: If multiple days, attach additional sheets.

Date \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_ Number of People \_\_\_\_\_

Campus Facilities Policies:

- A. If extra expense to the College is involved (e.g., for janitor service, security or excess labor costs), the sponsoring organization ("User") must accept responsibility for costs incurred.
B. Scheduled meeting(s) will in no way obstruct, hamper, or endanger the normal functioning of the College campus.
C. Children shall not be left unattended while the parent attends any function or class.
D. Food or beverages to be supplied by User; Janitorial Fee applies.
E. Per NM Statute alcoholic beverages, weapons, and smoking are NOT permitted inside any College facilities, at or near the entrances and sidewalks or on the outside common-use areas.
F. Users are responsible for turning off lights, picking up trash, replacing furniture to the original position and ensure all doors are secured.

The User hereby agrees to hold harmless ENMU- Ruidoso, the ENMU Board of Regents, their officers, employees, and agents from any and all liability, loss, damages, costs, or expenses, which are sustained, incurred, or required arising out of the actions of the facility user in the course of their use of the facilities. The institution has the right to request proof of commercial liability insurance, naming ENMU- Ruidoso, as additional insured for those events or activities as deemed necessary. The User may in no way construe use of facilities as College endorsement of an organization, its program, or the viewpoint it represents.

My signature on this document indicates that I, on behalf of the organization I represent, have accurately described our event and its needs, that I have read and understand the above regulations regarding the use of campus facilities, that I accept responsibility for all College equipment used, that I will guarantee payment of all stated costs and rental charges, and that I accept the liability clauses above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Official Use:

Campus Approvals: \_\_\_\_\_ Date: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Room Number: \_\_\_\_\_
Community Education Dept.

\_\_\_\_\_ Date: \_\_\_\_\_ ENMU Sponsored: Yes \_\_\_\_ No \_\_\_\_
Physical Plant

\_\_\_\_\_ Date: \_\_\_\_\_ Refundable Deposit \$50.00 Date Rec'd \_\_\_\_\_
President Date Returned \_\_\_\_\_

Notes: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

**ENMU-Ruidoso Main Campus  
709 Mechem Drive**

**FEE SCHEDULE**

**White Mountain Annex  
201 White Mountain Drive**

<b>ROOM FEE</b>					
Circle Rooms Needed	CAPACITY THEATER STYLE	CAPACITY TABLES/CHAIRS	PER/HR FEE	# of Hours	TOTALS
103	50	45		_____	_____
105	N/A	30		_____	_____
112	N/A	30		_____	_____
116	N/A	30		_____	_____
111	N/A	18		_____	_____
114	N/A	18		_____	_____
119	35	25		_____	_____
120	N/A	18		_____	_____
107 CONFERENCE ROOM	N/A	6		_____	_____
101 COMPUTER LAB	N/A	23		_____	_____
WMA MEETING ROOM	100	*		_____	_____
WMA ROOM 17	N/A	25		_____	_____
WMA ROOM 24	N/A	25		_____	_____

**\* Special Requests Considered!**

<b>EQUIPMENT FEE</b>				
Per Room/Day	Quantity	Per Day or Page	FEE	
Easels	_____			_____
Podiums	_____			_____
Overhead Projector	_____	Per Day		_____
Data Projecter	_____	Per Day		_____
Laser Pointer	_____	Per Day		_____
TV w/VCR	_____	Per Day		_____
Copies	_____	Per Page		_____
Fax	_____	Per Page		_____
Fax additional page	_____	Per Page		_____

<b>SPECIAL FEES</b>				
Janitorial	# of Rooms	Per Day/Per Room	FEE	# Days
Room set up Fee (for any change in current room configuration)	_____			_____
(for function w/food)	_____			_____

<b>TOTAL FEES</b>				_____
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