

Invoice #
Event #



**C U Y A M A C A**  
**· C O L L E G E ·**

Business Services, 900 Rancho San Diego Parkway, El Cajon, CA 92019  
 Phone (619) 660-4347 Fax (619) 660-4540

Facility Reservation Invoice Statement																
Today's Date:																
Requested By:																
E-mail Address:																
Phone Number:																
Requesting Organization:																
Requested Location:																
Event Date(s):		Event Day(s):		S		M		T		W		T		F		S
Event Start Time:			AM		PM	Event End Time:								AM		PM
Event Title:																

**The fees associated with your event are as follows:**

	DESCRIPTION	FEES
Room Rate:		
Equipment:		
Event Support Charges:		

Total Cost: \_\_\_\_\_

Fees must be received no later than 21 days prior to your event. Please make your checks payable to **Cuyamaca College**. (put in credit card acceptance option- see our schedules)

Send to: Cuyamaca College  
 Business Services (Room F116)  
 900 Rancho San Diego Parkway  
 El Cajon, CA 92019

**Refund/Cancellation Policy:**

The term of this Agreement shall be for the period \_\_\_\_\_ through \_\_\_\_\_. This agreement can be terminated by either party without cause and without penalty by giving thirty (30) days written notice to the other party prior to the commencement of services. If terminated within fifteen (15) days of the event, only a 50% refund will be issued and if terminated less than fifteen (15) days of the event, no refund will be issued.

- Thank You for choosing Cuyamaca College for all of your event needs -