



*Tsaile/Wheatfields Chapter
 Post Office Box C18
 Tsaile, Arizona 86556
 Phone: (928) 724-2220 Fax: (928) 724-2223*

Tsééhilí

TóDzis'á

Tsézhine

CHAPTER FACILITY USE AGREEMENT

Name/Organization: _____ Date: _____

Address: _____ Telephone No: _____

Registered Voter: Yes No

DATE TO BE USED: _____ **TIME** _____ **am/pm** to _____ **am/pm**

- **NO FEES WILL BE CHARGED FOR A FAMILY GATHERING (DECEASED FAMILY), RECEPTION AND OTHER COMMITTEE/ORGANIZATION OR PUBLIC/COMMUNITY MEETINGS.**

TYPE OF EVENT: Meeting: _____

Family Gathering Funeral Reception

- **A FEE OF \$53.00 IS REQUIRED FOR CHAPTER RENTAL, A NON-REFUNDABLE FEE.**
- **NOTE: YOU WILL BE RESPONSIBLE FOR YOUR TRASH.**

Type of Activity: _____

Graduation Reception Birthday Party Baby Shower

PLEASE CHECK, IF YOU NEED TO USE:

Kitchen Tables PA system Internet - WIFI Chairs _____

Flags _____ Projector Others: _____

The Chapter must have forty-eight (48) hours' notice to utilize the Chapter Facility with Facility Use Agreement signed and approved.

I / We shall be fully responsible for the property that is rented to my organization and I. My organization and I shall not hold the Tsaile/Wheatfields Chapter responsible for any liability that might occur during the time my organization is using the property. If my activity will require security, my organization and I shall provide the necessary security for the event.

I / We hereby do agree to clean up the Facility rented to my organization and I after the usage of the Facility. IMMEDIATELY AFTERWARDS!

I / We have read the above agreement and understand that I represent the person/organization with the responsibility for the Chapter Facility Use.

Signature of Requestor Date

Signature of Chapter Administration Date

Date Paid: _____

Amount Paid: \$ _____

Receipt #: _____