



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

Tséehilí

TóDzis'á

Tsézhine

CHAPTER RENTAL AGREEMENT

Name/Organization: _____ Date: _____

Address: _____ Telephone No: _____

Registered Voter: Yes No Census #: _____

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

TYPE OF EVENT: Meeting: _____

Family Gathering Funeral Reception Graduation Reception Birthday Party

Baby Shower Fundraising: Type of Activity: _____

PLEASE CHECK IF YOU NEED OR RENTING:

Kitchen Tables PA system Internet - WIFI Chairs _____

**NOTE: A FEE OF \$52.50 IS REQUIRED FOR CHAPTER RENTAL,
 A NON-REFUNDABLE FEE**

NOTE: YOU WILL BE RESPONSIBLE FOR YOUR TRASH

The Chapter must have forty-eight (48) hours' notice to utilize the Chapter Facility with Chapter House Rental 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 hereby do agree to clean up the Facility rented to my organization and I after the usage of the Facility. IMMEDIATELY AFTERWARDS!

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

Signature of Requestor

Date

Signature of Chapter Administration

Date

Date Paid: _____

Amount Paid: _____

Receipt #: _____