Tsaile/Wheatfields Chapter
Post Office Box C18
Tsaile, Arizona 86556
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Tsééhilí TóDzis'á Tsézhine

CHAPTER FACILITY USE AGREEMENT

NAME:_____ **TODAY'S DATE:**_____
ADDRESS:_____ **DATE OF USAGE:**_____
_____ **TIME OF USAGE:**_____
CONTACT #:_____ **# OF PEOPLE:**_____

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- **CERTIFICATION OF INSURANCE IS COVERED FOR OFFICIAL BUSINESS ACTIVITIES: CHAPTER AND PLANNING MEETING, GRAZING OFFICIALS, CLUPC, VETERANS ORGANIZATION, FARM BOARD, CHUSKA REGIONAL COUNCIL AND CHINLE AGENCY COUNCIL MEETINGS.**

TYPE OF EVENT: ☐ ***Meeting:***_____

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- **A FEE OF $53.00 IS REQUIRED FOR CHAPTER RENTAL, A NON-REFUNDABLE FEE.**
- **PRIVATE LESSEE, FUNDRAISERS, FAMILY GATHERINGS, RECEPTIONS, BINGO AND BIRTHDAY PARTIES, BABY SHOWERS ARE NOT COVERED EVENTS.**
- **THE LESSEE SHALL PROVIDE PROOF OF INSURANCE FOR THE EVENT THROUGH NAVAJO NATION RISK MANAGEMENT PROGRAM, TEN (10) DAYS PRIOR TO THE EVENT.**

☐ ***Graduation Reception*** ☐ ***Birthday Party*** ☐ ***Baby Shower***

☐ ***Family Gathering*** ☐ ***Funeral Reception*** ☐ ***Bingo/Fundraising*** ☐ ***Other***_____

PLEASE CHECK, IF YOU NEED TO USE:

☐ ***Kitchen*** ☐ ***Tables***_____ ☐ ***Chairs***_____ ☐ ***Flags***_____

☐ ***Others:***_____

- **Lessee is responsible for Clean-Up immediately after events ends. TAKE TRASH WITH YOU.**
- **Any Damages to Property will be billed to the Lessee.**
- **Lessee is responsible for supervising children, especially outside the Chapter House.**

The Tsaile/Wheatfields Chapter will not be responsible for any Injuries, Lost, and Stolen or Damaged items within the Facility of the Tsaile/Wheatfields Chapter Grounds.

By signing below, I am responsible for the Tsaile/Wheatfields Chapter Facility and the liabilities for any damages occurring during facility use.

_____ _____
Signature of Lessee *Date* *Signature of Chapter Administration* *Date*

Proof of Insurance: ☐ **Yes** ☐ **No** **Date Paid:**_____ **Amount Paid: $**_____