NASCHITTI COMMUNITY GOVERNANCE Chapter Facility Rental Application and Agreement

Application:				
Name of Organization:			access where it is a woman	
Address:	Substitut 1s.	Carrier and the committee from	Manufacture and advisor per service from	
Contact person:	Pl	none No.:	Work No.:	
Nature of Rental:		array of the London has been	Name that reserves the server	
Date requested for use:				
Time: from:	_am/pm to:	am/pm (Not to	exceed 6 hours)	
What time will the doors need to be			restabled the facility	
What equipment will be needed and	how many?			
Name of Security or Custodian (man	datory)?	eta porte mot no se gravitata e la	estito The deposit is retained uni-	
For Chapter Gov't Related	and the state of t			
Functions (No Fee)	Kitchen	Meeting Room	Meeting Room w/Kitchen	
For Chapter Gov't Related	ro teachtac sa y lidirnos	see with some personal risks are	and here were bandingly and willy	
Program Functions (No Fee)	Kitchen	Meeting Room	Meeting Room w/Kitchen	
For Community Family Gathering				
for Funeral Service Arrangement	and the same of th			
(No Fee)	Kitchen	Meeting Room	Meeting Room w/Kitchen	
	_			
1. For Non-Chapter Gov't				
Related Functions				
(Birthdays, Receptions, etc.)	\$35 Kitchen	\$40 Meeting Room	\$55 Meeting Room w/Kitchen	
2. For bingos ONLY	\$40 Kitchen	\$70 Meeting Room	\$90 Meeting Room w/Kitchen	
3. Chapter Tract (outside)	\$125 per day (inc	cludes power/water). Party is re	snonsible to nick up trash and	
Premises	The state of the s	de premises clean.	spensione to pick up trush unu	
		will be collected.		
		e Security Personnel.		
ABSOLUTELY NO		TSIDE OF CHAPTER DURING RE	NTAL OF FACILITY	
Agreement Provisions:		TOTAL OF CHANTER DOMING NE	TACETT.	
This agreement for usage of the Cha	pter Facility is issued to the	ne person/organization on the o	date and time for the specified reason	
			nction either by accident or by act of	
			n using the facility will be responsible	
Fmployees or Representatives shall	not be held liable for any	loss damage injury or liability	The Naschitti Chapter, it's Officials, of any kind to any person or property	
caused during the usage of the facilit	V.	ioss, damage, injury or nability	or any kind to any person or property	
shall be to:	ensure Chapter property	accountability and responsibili	ty. The obligation of the facility user	
	ersonnal or Officials to an	n and share the best dies.		
shall be provided to the requ		n and close the building. <i>For se</i>	curity purposes, No Keys	
		dianata binatana ir		
the event. Any fee involved t		tions to hire temporary security	to secure the place during	
		e for the payment. building (<i>Chapter, Laundromat</i>	Sr Conton etc.)	
Assure that offices in the faci		bullaring (Chapter, Lauriaromat	, sr. center, etc.)	
The state of the s		ms, etc.) is swept and mopp	and at the and of use	
Assure that we shild an area	est to be in the lite!	ms, etc. , is swept and mopp	bed at the end of use.	

	ilding is clean prior to					
Page 20 19 49 19 19 19 19 19 19 19 19 19 19 19 19 19	, tables and other equ				and accounted.	
	g lights are turned off		ioner is turne	ed off.		
	ry announcements are rents that their childre		نطم مؤلميناطنيم			
	written report to the C		150	T-1/1		
	cals are emptied and re			itea.		
	and the emptica and re	chiled after event				
A Rental Fee in the amount of rental of the facility.	of \$ is	s requested with a	n additional \$	515.00 or \$20.00 dep	osit is needed for the	
NOTE: The deposit is ret	turned upon complying	g with the above s	stated agreem	nent. All rental fees s	hall be paid in advanc	e.
The user(s) of the	e facility are strongly u	rged by the Chap	ter to use all e	nergy sources (electi	ricity, water, propane,	
etc.) efficiently.	To receive deposit, a R	Reimbursement Fo	rm must be si	ubmitted.		
I/We, the undersigned have	read the agreement	and assume the r	esponsibility a	as outlined in the ag	reement.	
Signature of Facility User				Date		
Community Service Coordina	ator or Designee's Sign	nature.		Date		
community service coordina	ator or besignee a sign	lature		Date		
If disapproved, state r	Disapproved reason:					
11	FOR	OFFICE	USE	ONLY	11	
Receipt No.:	Time water to a		Date of Recei	pt:		
Person opening and closing t	the facility (Name & Ti	tle):				
Deposit Refund Procedures: Inventory and inspection						
After the usage of the facility	, did the requester co	mply with the agr	eement?	Yes	No	
Signature & Title of person tl	hat inspected the facili	ity				