NASCHITTI COMMUNITY GOVERNANCE Chapter Facility Rental Application and Agreement

Application:								
Name of Organization:								
Address:								
Contact person:	Phone	e No.:	Work No.:					
Nature of Rental:								
Date requested for use:								
	am/pm to:	am/pm (Not to	exceed 6 hours)					
What time will the doors need to be op								
What equipment will be needed and ho								
Name of Security or Custodian (manda	tory) ?							
For Chapter Gov't Related								
Functions (No Fee)	Kitchen	Meeting Room	Meeting Room w/Kitchen					
For Chapter Gov't Related Program Functions (No Fee)	Kitchen	Meeting Room	Meeting Room w/Kitchen					
For Funeral Reception (No Fee for Either)	Kitchen	Meeting Room	Meeting Room w/Kitchen					
For Donation Meeting	Meeting Room Only							
For Non-Chapter Gov't Related 1. Functions (Birthdays, Graduations 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) Premises								
A 6% tax will be collected.								
\$20 fee to hire Security Personnel.								
ABSOLUTELY NO CHILDREN ARE TO BE OUTSIDE OF CHAPTER DURING RENTAL OF FACILITY.								

Agreement Provisions:

This agreement for usage of the Chapter Facility is issued to the person/organization on the date and time for the specified reason all stated above. The user of the facility shall be responsible for damage done during the function either by accident or by act of vandalism and will also assume the liability risk coverage for all participants. The organization using the facility will be responsible for the supervision, welfare and the conduct of the individuals attending the function. The Naschitti Community Governance, it's Officials, Employees or Representatives shall not be held liable for any loss, damage, injury or liability of any kind to any person or property caused during the usage of the facility.

The purpose of this agreement is to ensure Chapter property accountability and responsibility. The obligation of the facility user shall be to:

Assure to identify Chapter personnel or Officials to open and close the building. *For security purposes, No Keys*shall be provided to the requesters.
Assure during irregular hours of event or weekend functions to hire temporary security to secure the place during the event. Any fee involved the requester is responsible for the payment.
Assure no vandalism is taking place inside or outside of building (*Chapter, Laundromat, Sr. Center, etc.*)
Assure that offices in the facility are not entered.
Assure the building (meeting room, kitchen, restrooms, etc.) are swept and mopped at the end of use.

Assure that no children are not to be in the kitchen.

Assure exterior of building is clean prior to leaving the building and garbage is disposed of properly (pick up trash)

- Assure that all chairs, tables and other equipment used are to be wiped cleaned and put away properly.
- Assure interior ceiling lights are turned off heater/air conditioner is turned off.
- _____Assure that all activity announcements are removed.
- Assure and advise parents that their children cannot be outside of building.
- Assure to prepare a written report to the Chapter if the agreement is violated.
- Assure trash recepticals are emptied and relined after event.

A Rental Fee in the amount of \$______ is requested with an additional **\$15.00** or **\$20.00** deposit is needed for the rental of the facility.

NOTE: The deposit is returned upon complying with the above stated agreement. All rental fees shall be paid in advance. The user(s) of the facility are strongly urged by the Chapter to use all energy sources (electricity, water, propane, etc.) efficiently. To receive deposit, a Reimbursement Form must be submitted.

I/We, the undersigned have read the agreement and assume the responsibility as outlined in the agreement.

Signature of Facility User				Date	
Chapter Manager or Designee's Signature				Date	
Approved	Disapproved				
If disapproved, state reas	son:				
↓ ↓	FOR	OFFICE	USE	ONLY	↓ ↓
Receipt No.:			Date of Rece	ipt:	
Person opening and closing the	facility (Name & ⁻	Title):			
Deposit Refund Procedures: Inventory and inspection rep					
After the usage of the facility, di	d the requester o	comply with the ag	reement?	Yes	No
Signature & Title of person that	inspected the fac	ility			
If yes, deposit refund was refund	ded on:				
If no, remarks:					