

**TSELANI/COTTONWOOD CHAPTER
CHAPTER FACILITY RENTAL FORM**

Name of Requestor/Organization: _____ Date: _____

Mailing Address: _____

Office Phone (____) _____ - _____ Home/Cell Phone (____) _____ - _____

Chapter Member: YES NO

Type of Rental: Meeting Room Kitchen Both

Date(s) of Usage: _____ Time: _____ am/pm to _____ am/pm

Purpose of Request: _____

Cleaning deposit \$ _____

Refund date: _____ To: _____

This agreement for use of the Facility is issued to the above mentioned Name/Organization on the date for the specified purpose. The user of the facility will comply with this agreement and be held for any damages resulting from or during usage of the facility. Additional fee will be added caused or any part of the agreement is not met.

The following must be met:

1. Remove all decorations, staples, tape, and tacks.
2. Clean the lobby, kitchen, bathroom area (swept & mopped).
3. Put chairs and tables away properly.
4. Check and make sure all doors and windows are locked
5. Turn off all lights inside the building.
6. Bring your own fire wood for heating.

I have read the above agreement and understand that I represent the person/organization with the responsibility of using the Chapter Facility and will not hold the Chapter for any personal/property injury(s) or damage(s).

Signature of Requestor: _____ Date: _____

ADMINISTRATION USE ONLY

APPROVAL / DISAPPROVAL

CSC/AMS _____ Date _____

Comment(s): _____

Payment/Fee:

Fee: \$ _____ per _____ day _____ hr If paid – Receipt Number: _____

Waived: SCC NN Program Veteran Other: _____