EMAIL: indianwells@navajochapters.org - Phone (928-654-3289 – Fax (928-654-3282

Renter/Organization’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone No.: ( )\_\_\_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_\_ Registered Voter: Yes [ ] No [ ]

I/We hereby request for the usage of the [ ] Chapter House [ ] Conference Room - Admin/Chapter, on this \_\_\_\_\_Day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 201\_\_\_. From the hours of \_\_\_\_\_am/pm to \_\_\_\_\_\_am/pm.

Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food or Beverage will be served: **Yes [ ] No [ ]** If yes, provide proof of Food Handler’s Permit. Please note the kitchen is not available for public use.

**Rental Fees:**

|  |  |  |
| --- | --- | --- |
| Chapter House | Chapter Conference Room | Admin. Conference Room  |
| **Registered Voter**$75.00 + $25.00 Cleaning Deposit + 5% NN Sales TaxN**on - Voter:**$100.00 + $25.00 Cleaning Deposit + 5% NN Sales Tax**Insurance:**Any **O**r***ganization, Business, Individual*** is required to show proof of General Liability coverage with a minimum limits of $1,000,000, for the following event: DANCES & SHOE GAMES  | **Organization, Business, Individual**$20.00 + $25.00 Cleaning Deposit + 5% NN Sales Tax**Printing, Faxing, Typing Services:**Fee Schedule + 5% NN Sales Tax**Availability:**Monday to Friday (8:00 am to 4:30 pm)Not available on Tribal Holidays. | **Organization, Business, Individual**$20.00 + 25.00 Cleaning Deposit + 5% NN Sales Tax**Printing, Faxing, Typing Services:**Fee Schedule + 5% NN Sales Tax**Availability:**Monday to Friday (8:00 am to 4:30 pm)Not available on Tribal Holidays. |

**WAIVER OF FACILITY USAGE AGREEMENT**

1. **Funeral Meeting Reception:** The renter shall complete the facility usage agreement form. The Indian Wells Chapter will attempt to accommodate based on prior scheduling to assist community members by waiving the rental fee only. A refundable cleaning deposit of $25.00 will be required. Reimbursement shall be made upon pass inspection of the facility. None Resident is/are excluded.
2. **Community Event(s):** The renter shall attach to the facility usage agreement, a letter to Indian Wells Chapter specifying their event and reason requesting to waive the fee. Please note, Community event(s) are limited to events hosted by the Indian Wells Chapter.

**FACILITY USE AGREEMENT AND ACKNOWLEDGMENT**

 It is hereby agreed between Indian Wells Chapter of the Navajo Nation and the above named person(s) and/or Organization/Business that the rental fee plus 5% Navajo Nation Sales is $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

***Full payment is required upon request of facility usage. Request for reservation is not honored without payment.***

The Indian Wells Chapter Facility Usage Agreement is for and in consideration of the mutual promises and obligation between Indian Wells Chapter and Public Member(s), hereinafter respectively call Renter.

1. The Rental excludes the Kitchen, the Speakers and Microphone
2. The Renter is responsible for any damages to the premises and/or furnishing, including the Flags and Chapter Officials’ Podium. Any damage(s) shall be assessed and Renter shall be responsible for any liabilities due to its negligent use of the premises and/or property.
3. Refundable Cleaning Deposit of Twenty-Five Dollars ($25.00) will be refund on Tuesday, after the event, ONLY, if the facility cleaning inspection passes. (Renter will be responsible in providing the cleaning supplies)
4. This agreement constitute the entire agreement between the renter and no waiver of any right, agreement or condition herein and no modification here of shall be binding.
5. Funeral Gathering and Chapter Established Committee meetings shall be waived of rental fee. A cleaning deposit shall be paid, which will be refunded if the facility is cleaned and keys are returned.
6. ABSOLUTELY NO TABLES & CHAIRS RENTAL for any event(s) outside the Indian Wells Chapter Premises

I/We have read and understand the content of the Indian Wells Chapter Facility Usage Agreement. I/We will be liable for any and all costs of the REPAIRS/DAMAGES/THEFT to the facility including the Chairs and Tables, and any other equipment owned by the Indian Wells Chapter. Furthermore, I understand I am responsible for disposing of all trash accumulated and collected from my event, including decorations and trash debris outside the facility.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Renter’s Signature Date

**INDIAN WELLS CHAPTER ADMINISTRATION USE ONLY**

Approved: [ ] Disapproved: [ ] Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Chapter CSC/Manager or Account Maintenance Specialist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **FEES PAID**

Cleaning Deposit: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Usage Fee: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Navajo Nation Sales Tax $\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Payment $\_\_\_\_\_\_\_\_\_\_\_\_\_

 **INSPECTION**

 **Walk Through Inspection by: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Date of Inspection: **Before \_\_ After \_\_**

 Facility Swept: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 Facility Mopped: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 Trash Disposed: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 Restroom Cleaned: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 # of Chairs/Condition: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 # of Tables/Condition: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 Condition of Walls: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_