



TSE'II'AHÍ' CHAPTER
PO BOX 247
CROWNPOINT, NM 87313
(505) 786-2247/2248
FAX: 505 786-2249

Facility ☐ _____
Chairs ☐ _____
Tables ☐ _____

CHAPTER FACILITY RENTAL AGREEMENT

Name:					
Address:					
Phone:		Name of Organization:			
Date of Function:			Type of Function:		
Start Time of Activity:	AM <input type="checkbox"/> PM <input type="checkbox"/>		End Time of Activity:	AM <input type="checkbox"/> PM <input type="checkbox"/>	

I have read and shall comply and be held to this agreement with the Tse'ii'ahi Chapter Facility/Equipment Rental Policy as set forth by Tse'ii'ahi Chapter and the Navajo Nation Governance Chapter Use Codes,

Initial _____

The Chapter will provide the facility/equipment (Tables/Chairs), but will not be held responsible/liable for any personal items damage, injury (mishaps) or theft within the chapter's property, which will also include the outside of the Chapter house during a sponsored function.

Initial _____

I will be held accountable for any damage that takes place with in/out of the facility and to the equipment provided by Tse'ii'ahi Chapter, **including disposing of trash (whether the trash can is full or not)**. Also if equipments are damaged/stolen from the facility, I shall solely be responsible to replace/repair at my own expense.

Initial _____

I will provide all necessities for this called function. PA system is NOT included.

Initial _____

I will provide security and maintain order in duration of the activity for this sponsored function to ensure safety for all participating public.

Initial _____

(PLEASE CONTROL YOUR CHILDREN)

****Please turn off all the lights and fans in the chapter****

Organization/Sponsoring Party Signature

Date

RENTAL PAYMENT - MONEY ORDER ONLY

Make payable to Tse'ii'ahi' Chapter

(To be completed by Chapter Administration Only)

Received Payment of \$ _____

APPROVED/DISAPPROVED (Circle One)

Receipt No. _____

Chapter Coordinator / Office Specialist

Date:

REFUND OF DEPOSIT

Full inspection completed on usage of the Chapter House? Yes ☐ No ☐

Date _____

Refund Deposit for Cleaning/Trash pick-up \$ _____

Chapter Coordinator / Office Specialist

Date