

Lukachukai Chapter
P.O. Box 248
Lukachukai, Arizona 86507
Phone: (928)787-2500
Fax: (928)787-2332

Office Usage for Endorsement

Chapter Facility Usage Request & Agreement

(Please print legibly and complete all fields)

Name: _____ Date: _____
Address: _____ Phone Number: _____
Facility Usage Date: _____ Start Time: _____ End Time: _____
(Schedule Subject to change without notice)
Purpose of Chapter Usage: _____

Number of Tables Request: _____ Number of Chairs Request: _____

Lukachukai Chapter Facility Usage Requirements:

1. Security Deposit of \$25.00 will be made at time of request; rental fee will be waived for Chapter related meetings and trainings.
2. The facility will not be used during holidays and holidays weekends.
3. Facility usage is subject to a facility use fee of \$50.00 plus applicable sales tax with a **five-hour** use limit.
4. If user does not show 30 minutes after approved start time, the facility will be closed with no refund.
5. Any damages to Chapter Equipment and property will be subject to full value replacement of items and will be charged to requester.
6. All facility rental and equipment fees are to be paid in advance not during the event.
7. Any community members that are requesting to utilize the Chapter for funeral gathering are first priority and any scheduled events will be rescheduled or canceled. Full refund will be available, but only through check.

Agreement

I hereby agree to care for and maintain the facility and vicinity including but not limited to:

1. cleaning & putting away tables and/or chairs _____
2. sweeping and mopping areas used _____
3. taking all trash (any trash left behind will be charged to Sec. Dep) _____
4. staying clear of the podium area. _____

By signing this agreement, it is understood that I am or I represent the requestor and responsible for the Lukachukai Chapter Facility & the liability for damages occurring during facility use.

Signature: _____ Date: _____

THE LUKACHUKAI CHAPTER WILL NOT BE RESPONSIBLE FOR ANY INJURIES, LOST, STOLEN, OR DAMAGED ITEMS WITHIN THE PREMISES OF THE LUKACHUKAI CHAPTER GROUNDS.

Chapter administration use only

Approved

Amount Paid: _____

Receipt No.: _____

Denied

Reason: _____

Lukachukai Chapter CSC/Official

Date