

**Cornfields Chapter
Facility Request Form**

Receipt NO# _____

Name: _____ Organization/Family: _____

Address: _____ Date of usage: ____/____/____
_____ Time: _____ to _____

Contact Number: _____ Is this a for-profit organization? YES or NO

Reason for usage: _____

THE REQUESTING PARTY AGREES TO THE FOLLOWING CONDITIONS:

1. The chapter facility will be left in the same condition. No equipment/property are to be taken. If the kitchen is being used, it has to be cleaned after use.

FEE SCHEDULE CATEGORY:

- A. Family gathering for funeral/funeral reception.....Fee waived
- B. Chapter use for OUTSIDE organization.....Fee waived
- C. District/Agency Council/IRS Tribal Entities.....Fee Waived
- D. Fundraiser, reception, family parties, etc.....\$100.00 plus tax
with use of kitchen.....\$50.00 plus tax

**A cash or money order must be made payable to Cornfields Chapter,
reservation of facility will not be made until full payment is received.**

I, _____ am responsible for obtaining liability insurance; and for any damages, loss of chapter equipment, tools and property. The Cornfields Chapter officials and staff will not be responsible for any injuries, loss items or accidents. I will keep all children on the premises under control. Kitchen usage will be limited to only four (4) people with food handlers card. Chapter facility must be cleaned after usage and all decorations must be taken down.

1. ____ I have read and understand the conditions and agree to abide by it.
2. ____ Conditions have been explained to me in the Navajo Language.

Renter Signature _____ Date ____/____/____

◆ FOR CORNFIELDS CHAPTER ADMINISTRATION, ONLY ◆

I have checked the above applicant as category _____. Applicant shows payment proof of cash or money order.

Signature of Office Staff _____ Date ____/____/____ Time _____

ACKNOWLEDGED

Signature, Chapter Manager _____ Date ____/____/____ Time _____