

NEWCOMB CHAPTER
P.O. BOX 7946 NEWCOMB, N.M. 87455
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CHAPTER FACILITY USAGE AGREEMENT

IMPORTANT NOTE: Please provide your full name, address, contact number, and read agreement provisions.

DATE: _____ RECEIPT # _____
NAME/ ORGANIZATION: _____
ADDRESS: _____

CONTACT NUMBER: _____
RESERVE DATE: _____ TIME: _____

<u>PAYMENT</u>	<u>USER FEE</u>	<u>TAX 6%</u>	<u>TOTAL</u>	<u>AMOUNT PAID</u>
BINGO & CAKEWALK	\$ 125.00	\$ 7.50	\$ 132.50	_____
FAMILY ACTIVITIES	\$ 100.00	\$ 6.00	\$ 106.00	_____
KITCHEN USE	\$ 30.00	\$ 2.10	\$ 37.00	_____
OTHER ORGANIZATIONS (MTGS, ETC)	\$ 65.00	\$ 3.90	\$ 69.00	_____
POLITICAL PURPOSE	\$ 325.00	\$ 19.50	\$ 345.00	_____
		TOTAL:		_____

I. CLEAN-UP

I, _____, agree to use the facility under the following conditions:
All furniture (chairs, tables, etc.) and equipment (kitchen, stove, sink, etc.) must be cleaned and left in the condition as found prior to the activity and in an acceptable manner. Any damages found to equipment will be the responsibility of the person who signed the agreement, and will be requested to pay for damages and/or will not use the facility for future events. I understand **THERE IS ALSO NO REFUND**.

II. LIABILITY

It is the sole responsibility of the requestor to obtain their own liability insurance. In addition, requestor warrants they have inspected the premises and found them safe and suitable for intended use and hereby releases and holds Newcomb Chapter harmless from any liability to requestor, requestor's equipment, property, employees and agents in regards to this requestor's presence on the Newcomb Chapter compound. Security shall be furnished by the requestor before the activity, and a drug and alcohol free event.

REQUESTOR SIGNATURE

DATE:

NEWCOMB CHAPTER ADMINISTRATION

(TO BE COMPLETED BY THE CHAPTER STAFF)

() APPROVED

() DISAPPROVED

COMMENTS: _____

Administration Staff Signature

Date

Chapter Facility Usage

Revised : 2/11/24

Chapter Resolution #: NWCB-021124-033

I further understand that all damages, which occur to the chapter as a result of this activity and injuries to any participant of this activity will be the liability of the organization/name(s) stated on this agreement form.

Signature(s) _____

Date _____

CLEANING CHECKLIST

****PLEASE BRING YOUR OWN CLEANING SUPPLIES AND TRASH BAGS**

Meeting Room/Kitchen/Hallways/Restrooms

1. _____ Floors and hallways are to be swept and mopped at the end of the event.
2. _____ If tables are used, they must be wiped cleaned and placed back in the proper space at the end of the event.
3. _____ The chairs must be neatly stacked and cleaned.
4. _____ Men & Ladies restrooms:
Restrooms are to be cleaned, swept and mopped. Proper care should be given to commodes to avoid back-up problems. Check commode tank for trash, empty bottle or cans. Empty the trash cans and reline it with new bags. Please check restroom walls for markings.
5. _____ Kitchen:
Floor must be swept and mopped; counter tops and appliances must be wiped cleaned and sanitized; empty trash cans.
***DO NOT DRAIN GREASE OR COFFEE GRIND INTO THE KITCHEN SINK OR DISPOSE THEM OUTSIDE OF THE FACILITY.**
***DO NOT DISPOSE YOUR LEFTOVERS BEHIND THE FACILITY OR ANYWHERE ON CHAPTER PROPERTY.**
7. _____ Please take out all trash bags and take it with you. Also check the parking lot area for trash and/or broken glass.
8. _____ Turn off all lights.

Note: The renter(s) of the facility are strongly advised by the chapter to use all energy sources (electricity, gas, water, etc.) efficiently and with restraint to help conserve utility expenses.