

NEWCOMB COMMUNITY CHAPTER
P.O. Box 7946, Newcomb, NM 87455
Telephone: (505)696-3300 Fax: (505)696-5475

*NOTE: Important, please provide your full name, address and contact number; and read agreement provisions.

CHAPTER FACILITY USAGE AGREEMENT

DATE: _____ RECEIPT NO.: _____

NAME/ORGANIZATION: _____

ADDRESS: _____

CONTACT NUMBER: _____

PAYMENT

| | <i>Unit Price</i> | <i>Tax 5%</i> | <i>Operational Fee</i> | <i>Total Amount</i> | <i>Amount Paid</i> |
|---|-------------------|---------------|------------------------|---------------------|--------------------|
| Member Fund Raising BINGO & CAKE WALK _____ | \$70.00 | \$3.50 | \$20.00 | \$93.50 | _____ |
| Non-Member Fund Raising BINGO & CAKE WALK _____ | \$95.00 | \$4.75 | \$25.00 | \$124.75 | _____ |
| Member Family Activities _____ | \$55.00 | \$2.75 | \$20.00 | \$77.75 | _____ |
| Non-Member Family Activities _____ | \$70.00 | \$3.50 | \$25.00 | \$98.50 | _____ |
| Kitchen Use _____ | \$20.00 | \$1.00 | \$10.00 | \$31.00 | _____ |
| Other/Organization (Mtgs., etc.) _____ | \$55.00 | \$2.75 | \$20.00 | \$77.75 | _____ |
| Political Purpose _____ | \$270.00 | \$13.50 | \$20.00 | \$303.50 | _____ |
| | | | | TOTAL AMT: | _____ |

RESERVE DATE: _____ TIME: _____

I _____, agree to use the facility under the following conditions:

I Clean-Up

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.

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.

III Children and teenagers shall be supervised by an adult and shall not run around or play outside.

APPROVED BY:

* Money Orders/Checks Payable to Newcomb Chapter

Requestor's Signature _____ Date _____ Chapter Manager's Signature _____ Date _____

TO BE FILL BY THE CHAPTER ADMINISTRATION

COMMENTS: _____

Administration Staff Signature _____

Date _____

*Property Mgmt. Policy Procedures
 Facility Rental Agreement*

Revised: 04/14/13 Chapter Meeting Approval

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 _____



Newcomb Chapter

CLEANING CHECKLIST

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

MEETING ROOM/KITCHEN

1. _____ Floors are to be swept and mopped at the end of event.
2. _____ If tables are used, they must be wiped cleaned and placed back in proper space at end of event.
3. _____ Chairs used must be neatly stacked and cleaned.
4. _____ **Men's restroom**: restroom is to be cleaned, swept and mopped. Proper care should be given to commodes to avoid backing up problems. Check commode tank for trash, empty bottle or cans. Empty the can and reline it with trash bags, please check walls for markings.
5. _____ **Ladies restroom** : restroom is to be cleaned, swept and mopped. Proper care should be given to commodes to avoid backing up problems. Check commode tank for trash, empty bottle or cans. Empty the can and reline it with trash bags, please check walls for markings.
6. _____ Pick up trash in parking lot area and any broken glass shall be cleaned up.
7. _____ **Kitchen**: Floor must be swept and mopped, counter top and all Appliances used must be wiped, cleaned, and sanitized; empty the trash. DO NOT DRAIN GREASE INTO THE KITCHEN SINK.
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.