



Coyote Canyon Chapter

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CHAPTER HOUSE RENTAL AGREEMENT

NAME:	REGISTERED VOTER: YES___ NO___
ADDRESS:	PHONE NUMBER:

*****PLEASE MAKE MONEY ORDER PAYABLE TO COYOTE CANYON CHAPTER. NO CASH OR PERSONAL CHECKS WILL BE ACCEPTED.*****

I AM REQUESTING FOR THE FOLLOWING:

- | | |
|--|--|
| <input type="checkbox"/> CHAPTER HOUSE (NON-PROFIT) | <input type="checkbox"/> FUNERAL |
| <input type="checkbox"/> SPECIAL OCCASION: \$109.20 + (\$6.55) tax* = \$115.75 | <input type="checkbox"/> DONATION MEETING |
| <input type="checkbox"/> KITCHEN ONLY \$27.03 + (\$1.62) tax* = \$28.65 | <input type="checkbox"/> RECEPTION |
| | <input type="checkbox"/> Special Event (presentation, meeting's, etc.) |

*****6% NAVAJO NATION TAX*****

*****PLUS \$15.00 REFUNDABLE CLEANING DEPOSIT + 6% (TAX) = \$15.90***
\$15.00 WILL BE RETURNED, IF CLEANED**

DATE PAID:	MONEY ORDER NO:	AMOUNT:
DATE OF EVENT:	TIME:	TOTAL HOURS:

- IF THE KITCHEN IS USED, YOU MUST CLEAN THE STOVE, OVEN, REFRIDGERATOR, FREEZER, SINK, COUNTER, SWEEP AND MOP FLOOR
- ✓ MUST PUT AWAY TABLES & CHAIRS, SWEEP & MOP FLOORS, CLEAN TABLES AND TURN OFF ALL THE APPLIANCES AND LIGHTS
 - ✓ MUST PROVIDE OWN TRASHES BAGS, PICK UP TRASH, EMPTY CANS & HAUL ALL TRASH ACCUMULATED DURING THIS FUNCTION
 - ✓ MUST REPORT ANY DISCREPANCIES BEFORE USAGE OF THE CHAPTER PROPERTY. IF THERE ANY PROPERTY DAMAGES YOU WILL BE RESPONSIBLE FOR THE DAMAGE AND THE TOTAL BILL.
 - ✓ MUST HAVE OWN SECURITY ON PREMISES DURING ACTIVITY
 - ✓ MUST CONTROL AND SURPERVISE ALL CHILDREN
 - ✓ MUST NOT LEAVE ANY FOOD IN THE KITCHEN AREA, IN REFRIDGERATOR, FREEZER, STOVE OR OVEN

*****6% NAVAJO NATION TAX*****

ADVANCE PAYMENT IS REQUIRED

IF THE CHAPTER IS LEFT IN DISSATISFACTORY CONDITION, THE \$15.00 CLEANING DEPOSIT WILL NOT BE REFUNDED

*****NOTICE: THE COYOTE CANYON CHAPTER HOUSE WILL NOT BE HELD RESPONSIBLE FOR ANY INJURIES, THEFTS, ACCIDENTS, OR PERSONAL DAMAGES, WHICH MIGHT OCCUR DURING THIS ACTIVITY OR EVENT.*****

PLEASE NOTE

COYOTE CANYON CHAPTER RESERVES THE RIGHT TO CANCEL ANY ACTIVITIES IN THE EVENT OF THE CHAPTER (COMMUNITY) FUNCTIONS, OR FUNERAL DONATIONS/RECEPTION. ARRANGEMENT FOR THE RESCHEDULING OR REFUNDS CAN BE MADE WITH THE CHAPTER ADMINSTRATION

This agreement for usage of the Chapter facility is issued to the above Name/Organization on the date specified purpose. The user of the facility will comply with the agreement and will be held fully responsible for any damages resulting from or during usage of this facility. The user will be also responsible for cleaning the facility prior to leaving the building.

REQUESTOR'S SIGNATURE

DATE

AUTHORIZED SIGNATURE

REQUEST APPROVED: _____ DISAPPROVED: _____

DATE

FACILITY USAGE CHECK OFF FORM

NAME:	DATE OF ACTIVITY:	RECIPT NO.:	AMOUNT:
MEETING HALL			
Where chairs stacked neatly?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Were tables cleaned and put away?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Were the floors swept and mopped?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Was the podium area cleaned?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you have any concerns or comments?			
KITCHEN			
Were the sinks and counters cleaned?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Was the stove tops, grills, and oven cleaned?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Was the refrigerator and freezer cleaned?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Was the trash can empty?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you have any concerns or comments?			
RESTROOM			
Was the women's restroom cleaned?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Was the men's restroom cleaned?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Was the sink and counter cleaned in the women's?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Was the sink and counter cleaned in the men's restroom?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you have any concerns or comments?			
OVERALL PROPERTY			
Did you notice any damages to the property?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If YES, what?			
SECURITY DEPOSIT RETURN RECOMMENDATION			
Do you recommend the security deposit to be returned?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If NO, explain why?	SECURITY DEPOSIT REFUND DATE:		
FORM COMPLETED BY:			
ACKNOWLEDGED BY:		DATE:	

CHAPTER FACILITY USAGE RESPONSIBILITY

- 1. Control ALL children.**
 - **Do not let them play on the podium**
 - **Do not let them play with the water in the restrooms**
 - **Do not let them play with the water fountain**
 - **Do not let them play with the light switches.**
- 2. Check around the building inside and outside periodically to prevent vandalism.**
- 3. Clean up before leaving the facility.**
 - **Restrooms**
 - **Kitchen**
 - **Stove/Oven**
 - **Counters in the kitchen**
 - **Sweep and Mop floor in the Meeting area, kitchen and restrooms**
- 4. Do not pour grease, coffee grind, etc. down the drain.**
- 5. Make sure all lights are turned off and turn on the porch lights before leaving the facility.**
- 6. Stack tables and chairs neatly.**
- 7. Make certain that all interior doors are locked prior to leaving facility.**
- 8. Take all trash accumulated during the activity.**
- 9. During the winter months, please turn heater down to 65 degrees before leaving the building.**

PLEASE report any damages in writing and leave in the Kitchen.

Thank you. ☺