



# INDIAN CENTER INC.

## FACILITY RENTAL CONTRACT

CONTACT PERSON			
First Name:		Last Name:	
Address:		Phone:	
City:	State:	Zip:	Email:
MEETING/EVENT INFORMATION			
Name of Group:		Purpose of Meeting/Event:	
Specific Date(s) Requested:		Is this a one-time or on-going request?	
Select Day(s) of the Week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday			
Time of Event(s) (Note: no later than 11 pm):			
Select the Room(s) you are requesting:		Other requests (additional fees may apply):	
<input type="checkbox"/> 1 <sup>st</sup> floor – ½ Main Event Space <input type="checkbox"/> 1 <sup>st</sup> floor – Full Main Event Space <input type="checkbox"/> 1 <sup>st</sup> floor - Kitchen <input type="checkbox"/> 2 <sup>nd</sup> floor - Small Conference Room <input type="checkbox"/> 2 <sup>nd</sup> floor - Board Room <input type="checkbox"/> Pow-Wow Grounds			
GROUP SIZE	DEPOSIT	FEE (4 hours, \$25 extra /hr)	
20 or less	\$50.00	\$50.00	
20-50	\$75.00	\$75.00	
50-100	\$100.00	\$100.00	
Pow-Wow Grounds *In the case of inclement weather, regular building use fees will apply	\$150.00	\$150.00	
*Native American Community Members are exempt of building use fees for wakes, funerals and memorials, but still required to make a deposit.			
FOR STAFF USE ONLY			
Added to Calendar of Events: Yes or No		Key Issued: Yes or No	
Deposit Received: Yes or No		Pmt Received: Yes or No	
Date Deposit received:		Date Pmt received:	
Deposit Amount:		Pmt Amount:	
Received by (Staff person):		Received by (Staff person):	

**BUILDING USER RESPONSIBILITIES**

We recommend request forms be completed and signed within 48 hours after a verbal request is made. Requests must be made at least 1 week in advance of event. Deposit and fee must be paid at the time the form is completed in the form of cash or check for the deposit and fee combined. Please make checks payable to Indian Center Inc.

**POLICY AND PROCEDURE OF THE BUILDING**

- I agree to limit the activity to the requested areas and agree to keep all individuals out of ALL other areas of the building.
- I agree to clean up ALL areas used, INCLUDING restrooms and ALL outside areas.
- I agree and understand that all events end and are to be cleaned BY 11PM. If the designated staff person has to clean any areas, ALL of the deposit will be forfeited.
- I understand that **smoking is not permitted inside the building** and **ALCOHOL IS NOT ALLOWED ON THE PROPERTY**. If smoking occurs within the building or if alcohol consumption is evident anywhere inside or outside of the building, the person responsible understands that staff will ask that it discontinue at once. If it is not discontinued, the police will be notified. Deposits and future use of the building will be forfeited.
- I understand that Indian Center Inc. will not be held liable for any injuries, accidents, lost or stolen personal items or damages to personal property during events held at Indian Center Inc.
- I understand that in the event damages to the building exceed the amount of the deposit fee, I will be responsible to pay for all costs associated with repairs.
- I understand that Indian Center, Inc. reserves the right to postpone or cancel events, if the building should be requested by a member of the Native American community for a wake and a funeral. All deposits and building use fees will be refunded.

**KITCHEN PROCEDURE**

- I understand that it is my responsibility that any cooking grease will be taken to the metal bin in the back of the building. All trash is to be taken to the dumpster and trash bags are to be replaced. All stove tops and counters are to be cleaned and wiped down. The areas used are to be swept and mopped, and chairs and tables are to be put up.
- I understand that I am responsible for providing my own kitchenware and large trash bags.

**I HAVE READ, UNDERSTAND, AND AGREE TO THE RULES AS OUTLINED IN THIS CONTRACT. I UNDERSTAND THAT VIOLATION OF THESE POLICIES MAY RESULT IN A FORFEITURE OF MY DEPOSIT.**

\_\_\_\_\_  
Person Responsible for Group

\_\_\_\_\_  
Date

\_\_\_\_\_  
Indian Center, Inc. Executive Director or Board Member

\_\_\_\_\_  
Date