



**QUARTZ VALLEY INDIAN RESERVATION
FACILITY/EQUIPMENT USE FORM**

The Representative, whose name appears on this request form, must be present at all times during the activity.

Name of Group/Organization: _____ Dates Requested: _____
 Representative's Name: _____ Time Requested: From: _____ AM PM
 Mailing Address: _____ To: _____ AM PM
 Representative's Phone: _____ Cell: _____ Msg Phone: _____
 Describe Activity (be specific): _____

Please Complete the Following:

- Will this activity be open to the general public or only your group? Group Public
- Number of people expected to attend: _____
- Will the participants or attendance be:
 Adults Only Adults/Children Children Only
- Will a participation fee be required? Yes No
- Will admission be charged? Yes No
 Adults \$ _____ Children \$ _____
- Do you have a Tax Exempt Number? Yes No
 Tax Exempt Number: _____
- Can you provide liability insurance? Yes No

Facility Requested:

- Kitchen
- Gymnasium
- Lobby
- Other (specify): _____

Equipment Requested:

- | | |
|---|-----------------|
| <input type="checkbox"/> Tables | Quantity: _____ |
| <input type="checkbox"/> Chairs | _____ |
| <input type="checkbox"/> Other (specify): _____ | |

Representative's Signature: _____ Date: _____
 Gym Coordinator Signature: _____ Date: _____

It is agreed the group or organization listed above shall have the use of the Quartz Valley Indian Reservation's facilities/ equipment requested above for the purpose mentioned on the dates and the time specified in the request for the following costs. It is also agreed that the group or organization will clean up after the use of these facilities.

Rental Fee: \$ _____ Custodial Fee: \$ _____ No Charge

_____	_____	_____ Approved
Tribal Official	Date	_____ Not Approved
_____	_____	
Tribal Chairman	Date	

Quartz Valley Indian Reservation
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