



QUARTZ VALLEY INDIAN RESERVATION
FACILITY 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:

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

Facility Requested:

- [] Firehouse
[] Kitchen
[] Gymnasium
[] Lobby
[] Other (specify): _____

Equipment Requested:

- Quantity:
[] Tables _____
[] Chairs _____
[] Other (specify): _____

Representative's Signature: _____ Date: _____
Gym Coordinator's Signature: _____ Date: _____
Fire Administrator's 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: \$ _____ [] Deposit: \$ _____ [] No Charge

Tribal Administrator
or

Tribal Official

Date _____ Approved

Date _____ Not Approved