FACILITY AND EQUIPMENT RENTAL REQUEST



CONTACT INFORMATION

Renter's Name: Tribal ID Number:			Tribal Department:			
			ID checked by (initia	ols):	FOR OFFICE USE ONLY	
Str	eet Address:					
Cit	y:		State:	Zip:		
Work Number:			Evening Number:			
Em	ail Address:					
PL	IRPOSE OF REQUES	ST				
Eve	ent Name (example: birthda)	y party):				
Date of Event:			Start Time:	End Time:		
Additional Dates:			Start Time:	End Time:		
Additional Dates:			Start Time:	End Time:		
	Waterfront Beach Area Tribal Gym (Greg Willia Uppy's Kitchen (note: yo Fire Pit		wn cooking supplies, i.e. pots, pans, ator	and cooking utensils)		
	Food Storage/Delivery	Date:	Time:			
	Prep	Date:	Time:			
	Cooking	Date:	Time:			
	Approval Signature Rec	quired:		Date: _		
	Approval Signature Required:Date:Date:					
	Early Learning Academ	y: Gym 🗆	Library			
	Hermosa Point Building	g: \square Gray \square	White			
Eq	uipment Requested (note.	: custodial staff to set up and	I take down tables and chairs is for t	ribal events only.)		
	Tables and Chairs for A	pproximate Number of	People:			
	Microphone – Big Scree	en (Tribal Gym only)				

Facility Rental Terms

No overnight events. Renter assumes responsibility for all equipment borrowed during your rental agreement, including but not limited to, condition and working order of walk-in refrigerator in Uppy's Kitchen.

As per Tribal Government Facility & Equipment Policies (II General Rules #5): User must agree that costs may be withheld from the damage and cleaning deposit, and any additional costs beyond the deposit amount may be deducted from the renter's per capita distributions until the total costs are satisfied.

Renter assumes responsibility of ensuring walk-in refrigerator is clean and no garbage or debris is left behind. A Tulalip Tribes kitchen staff member will go over a detailed checklist prior to use of the kitchen.

Damage and Cleaning Deposit returned in full, or proportional after the following:

- Maintenance Inspection
- Community Services Kitchen Inspections (if acceptable)
- CSR Reimbursement Process
- 14 Business Day Process Refund or Cancellation Deposit

Submitted for approval by: _____

Approved by:

EQUIPMENT RENTAL REQUESTED

(note: a \$100 refund	lable deposit is requ	ired and it is the renter's responsibility t	o pick up and return equipment)				
Quantity of Tables: _	and Chairs:						
Pick Up Requested	Date:	Time:					
Return	Date:	Time:					
(if Monday through F unless prearranged w	riday from 8:00 am ith custodial staff.	to 12:00 noon) or the first business day	Moses Building either when event is over after event date, no later than 12:00 noon				
Note: Approximate co	ost to replace tables	is \$149 each and chairs \$24.75 each.					
AGREEMENT							
This agreement may not be assigned or transferred, nor may the facilities be sublet or used by anyone other than the renter.							
I have read and unde I agree to be bound b		nt and the Tribes Building Use Policy, w	hich by reference is a part of this agreement.				
Applicant/Person Res	ponsible Signature:						
X		Date:	Tribal ID No				
		FOR OFFICE USE ONLY					
		CSR Coordinator: Reimbursement Req	uest				

Date: