



Whippoorwill Chapter



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Marietta Denny, Chapter Manager

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Germaine Simonson, Council Delegate Aaron Yazzie, President Gerald Ahasteen, Vice-President Phillip Tom Jr., Secretary/Treasurer

CHAPTER FACILITY AND CONFERENCE USAGE

Name: _____ Date: _____

Name of Organization: _____ Telephone #: _____

Physical Address: _____

Date/ Time of Facility Usage/ Conference Request: _____ Time: _____ AM/PM

Purpose of Meeting: _____

TYPE OF REQUEST: MEETING

TRAINING

OTHERS

All meeting and training are scheduled at no additional cost during the following hours: Monday through Friday from 8:00 A.M. – 5 P.M. WITH THE EXCEPTION OF ALL FEDERAL AND NAVAJO NATION HOLIDAYS. If your organization should be serving food and/or refreshments, we request that you have a FOOD HANDLERS PERMIT.

NOTE: The chapter will not authorize any after hour events since that chapter Facility/Conference has been misused on several occasions.

ORGANIZATION/ PROGRAM RESPONSIBILITIES: Due to insurance put-poses of the Chapter, your organization/ program is fully responsible for the safety of all individuals that are involved in your gathering. Your organization/ program is also responsible for any clean up that needs to be done after your events.

ACKNOWLEDGEMENT

I, _____ have read the above stated responsibilities and do hereby agree to comply with it (luring the utilization of the Whippoorwill Chapter Facility.

Signature/ Title _____ Date: _____

FOR OFFICE USE ONLY

APPROVE: () DISAPPROVED: ()

DATE RECEIVED: _____ REVIEWED BY: _____