

## Facility Use Agreement

Name of Person(s) or Organization \_\_\_\_\_

Responsible Person(s)

\_\_\_\_\_

Phone

\_\_\_\_\_

Date(s) of Use \_\_\_\_\_

Time Span \_\_\_\_\_

Intended Use \_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ have received a copy, and have read and understand all the conditions of the Facility use Policy and Facility Use Agreement.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Authorization Granted by \_\_\_\_\_

Date \_\_\_\_\_

Payment received

Cash \_\_\_\_\_

Check \_\_\_\_\_

Amount \_\_\_\_\_

Deposit received

Cash \_\_\_\_\_

Check \_\_\_\_\_

Amount \_\_\_\_\_