

**BECENTI CHAPTER  
Equipment Usage Form**

Requestor of the chapter's tables and/or chairs will be held responsible for any misuse or damage of equipment.

Date of Request: \_\_\_\_\_

Date to be used: \_\_\_\_\_

Date to be returned: \_\_\_\_\_

I hereby request for the use/rent of \_\_\_\_\_ chair(s) and \_\_\_\_\_ table(s)  
*(Note: There is a limit of 30 chairs maximum and 10 tables maximum.)*

Rental Rate: Mental chairs and/or tables	\$20.00 flat rate rental fee
Navajo Nation Sales Tax	6%
Total:	\$21.20 (Non-refundable)

Provide information on physical location of where the item(s) will be placed according to the map attached. *(draw map to location)*

In making this request review and agree to the following Terms and Conditions and pay in advance of actual use of the equipment:

1. The Requestor agrees not to sublease any of the equipment to a third party.
2. Any reports that substantiate undue abuse of the table(s) and chair(s) will be cause for the Chapter to cancel the agreement of use. *(This shall include cancellation of terms and the future use of equipment).*
3. First priority will be given to Chapter membership, then outside resources.
4. It is the responsibly of the requester to report any lost, stolen, and/or damaged equipment. There will be no exceptions!
5. Approved requestors will be responsible for delivery *(loading and unloading)* and returning of equipment.
6. All equipment will be inspected and inventoried at the time of release and upon return for damage. Chapter personnel shall complete an Inspection and Inventory Form in the presence of Requestor. *(See Exhibit D)*
7. All equipment will be returned the following business/work day unless other arrangements are made with the Chapter Administration.

Fees paid must be made by Money Order and shall be made payable to:  
Becenti Chapter, P.O. Box 708, Crownpoint, NM 87313

Total Fees Due: \$ \_\_\_\_\_ Money Order Number: \_\_\_\_\_

I have read and fully understood the Terms and Conditions as set forth above. I hereby agree to the Terms and Conditions on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
at \_\_\_\_\_ a.m./p.m.

Requestor's Signature \_\_\_\_\_

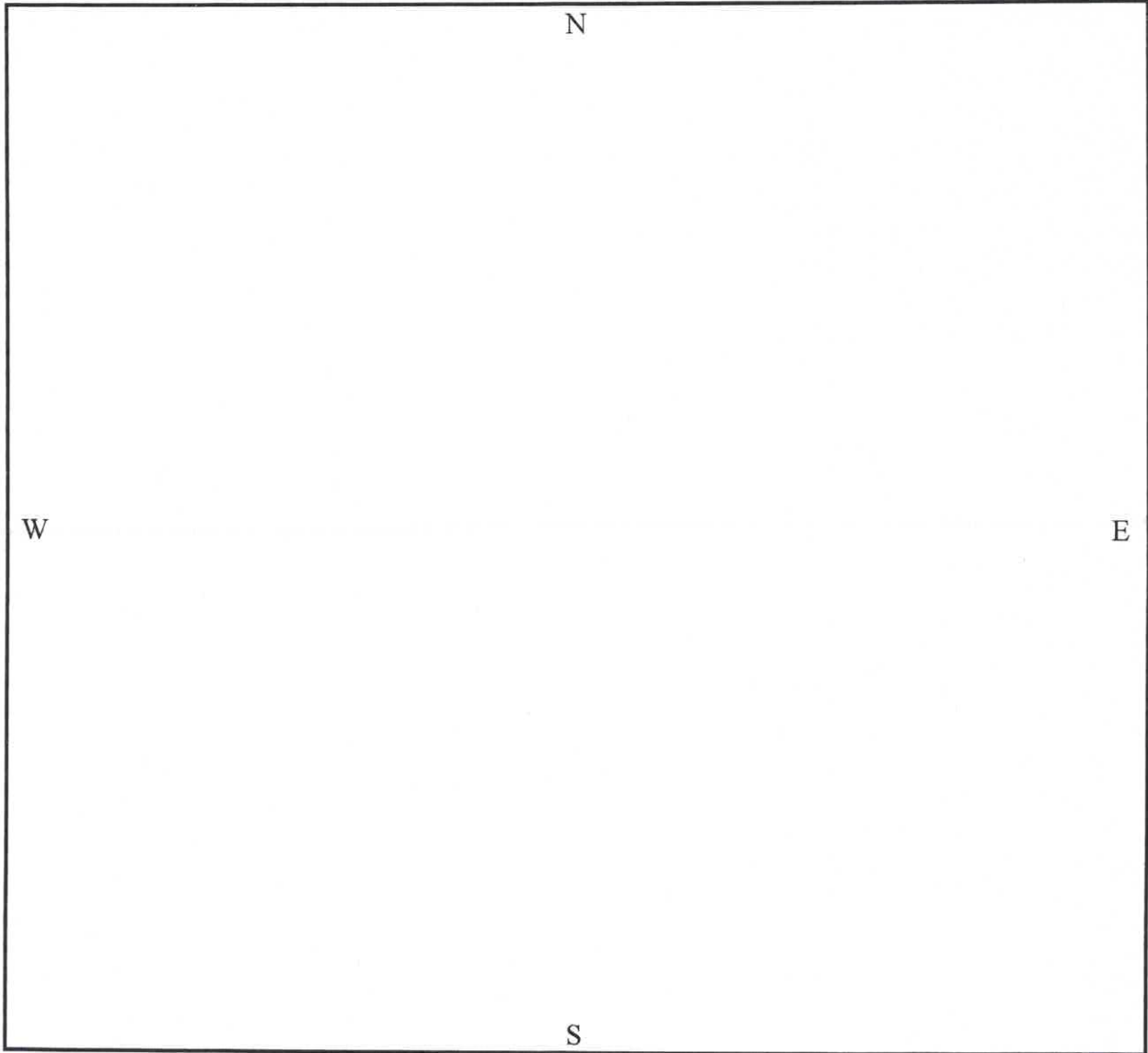
Date \_\_\_\_\_

Approval Signature \_\_\_\_\_

Date \_\_\_\_\_

**Becenti Chapter  
Equipment Usage Form**

Map of physical location where chapter equipment will be used.



Physical Address and Additional Details:

---

---

---

---

---