

# Community Center Usage Form and Agreement



**KNOQOTI**  
NATIVE WELLNESS, INC.

PO Box 891, Clearlake Oaks, CA 95423  
Phone: 707.273.4151 Email: [info@knwi.org](mailto:info@knwi.org)

Name of Organization/Individual: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Indicate type of function: \_\_\_\_\_

Requested Start Date & Time: \_\_\_\_\_ Requested End Date & Time: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

## Guidelines and Responsibilities of the Community Center

1. Be respectful of the community center, it is a shared space.
2. No vandalism or graffiti.
3. Alcoholic beverages, drugs, commercial tobacco products, firearms, and weapons are not allowed inside the community center or in the parking lot.
4. Make sure all lights are turned off.
5. Make sure all doors are locked and secured before leaving.
6. Children shall not be left unattended at any time, an adult 18 years or older must always be present.
7. Center must be left in clean and orderly fashion. All chairs, tables, and other equipment must be returned to the proper storage area.
8. You are responsible for clean-up, sweeping floors, mopping floors, and emptying trash. Please leave the facility in better condition than when you found it.

**I understand that should I leave the building during the hours that I have requested, I am still fully responsible, even if another adult remains on-site. In order to relieve myself of these responsibilities, another adult over the age of 18 must complete a Community Center Usage form and have it approved by an official. I have read and fully understand the above guidelines and responsibilities of the Community Center, and I take full responsibility for the use and any damages incurred during the time that I have requested, and failure to adhere to this agreement may prohibit future use.**

Signature of Requester: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICIAL USE ONLY

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

Approved  Denied Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_