

NON-PROFIT ACTIVITIES

City of Nuiqsut P.O. Box 89148 Nuiqsut, AK. 99789

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CULTURAL TRADITIONS, RELIGIOUS, SOCIAL SERVICE, MEDICAL FUNDRAISER PURPOSES

KISIK COMMUNITY CENTER



BUILDING USE FORM

No usage fee is required. However, if damages to our facilities & equipment are done during your activity or the place is left a mess after use, then a \$100.00 charge will be expected from you to cover for either of these violations. You and your group will be notified regarding payment due before further use of our facilities is considered.

Today's date: _____

Group Name: _____

Billing address: _____

Phone # _____ Fax: _____

Name of person supervising this activity: _____

Phone # _____ Email: _____

Name of activity: _____

Sun Mon Tues Wed Thur Fri Sat

Month: _____

Times: _____

Please mark the following equipment, service we have available:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Tables | <input type="checkbox"/> Chairs | <input type="checkbox"/> Extension cord | <input type="checkbox"/> Surge protector plug-in |
| <input type="checkbox"/> Microphone/Podium | <input type="checkbox"/> Projector | <input type="checkbox"/> Copier/Printer | <input type="checkbox"/> Tape/Pushpins |
| <input type="checkbox"/> Basic Kitchenettes | <input type="checkbox"/> Flier/Notice Posting | <input type="checkbox"/> Pens/Pencils/Markers | <input type="checkbox"/> |

Applicant's signature: _____

CITY OF NUIQSUT

Approver's signature: _____

Reason for payment due: _____

Amount due: _____ Date paid: _____ By whom? _____

City of Nuiqsut Office Signature of Receipt: _____