2025/8/20 MCA Facilities and Use Agreement

MCA Website · https://highdesertdirt.com/mca/docs/2025-8-20-mca-facilities-and-use-agreement/

http://www.mca-az.com/FACILITIES_AND_EQUIPMENT_USE_AGREEMENT.pdf

> • A clean up/damage fee of $50.00 is payable in advance. **PER POLICIES AND PROCEDURES ALL RECOGNIZED ORGANIZATIONS AND GROUPS ARE DEPOSIT EXEMPT. ** This fee is refundable if the premises and equipment are left clean and undamaged. If damage in excess of $50.00 is incurred, the party is responsible for the cost of repair/replacement as required.

What are the "recognized" organizations and groups?



Meadview Civic Association, Inc.
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Meadview, AZ 86444
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MEADVIEW CIVIC ASSOCIATION FACILITIES AND EQUIPMENT USE AGREEMENT

All requests for use of this facility and its equipment **MUST** be made in writing by the person or persons representing the Organization and/or Private Party.

At NO time any changes will be made to this agreement unless the person or persons whose name and/or signature appears below makes such requests in writing.

The undersigned agrees to the following regulations in respect to the use of the MCA facilities and its equipment:

- A clean up/damage fee of $50.00 is payable in advance. **PER POLICIES AND PROCEDURES ALL RECOGNIZED ORGANIZATIONS AND GROUPS ARE DEPOSIT EXEMPT. ** This fee is refundable if the premises and equipment are left clean and undamaged. If damage in excess of $50.00 is incurred, the party is responsible for the cost of repair/replacement as required.
- Use of the auditorium/kitchen/restrooms and equipment will never include use of the Lounge or Swimming Pool which is never to be used by the Party using the Auditorium. _____**Initial**
- No liquor will be sold at the MCA without the Party obtaining a liquor license and full board approval. A copy of the license will be furnished to the MCA prior to the use of the facilities.

I have read, understand, and agree to these requirements.

Event Purpose: _____

Event Date: _____ Start Time: _____ End Time: _____

Location: _____ Equipment requested: _____

_____

_____ ☐ Return **or** ☐ Shred Deposit Check
Signature of Responsible Party

_____ _____
Printed Name of Responsible Party Phone Number of Responsible Party

_____ _____
Name of Alternate Contact Phone Number of Alternate Contact

****Please note**** The MCA is only the facilitator for the use of these premises by your organization and at no time do we intervene in any decisions within your group or organization.

All changes **MUST** be in writing.

_____
Signature of MCA approval agent