

**Yuma County Health Department
2200 W. 28th Street - Yuma, AZ 85364
(520) 317-4550, FAX (520) 317-4591**

ACKNOWLEDGMENT FORM:

DATE:

I have read the Auditorium Use Policy and Auditorium Rules for usage of the Yuma County Health Department facilities. I fully understand and agree to comply with all said rules and regulations as outlined in this policy.

ACKNOWLEDGED BY:

Name of Contact Person

Name of Organization

Address and Phone Number

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AUDITORIUM CONFIRMATION:

TODAY'S DATE _____	NAME OF ORGANIZATION _____
PRESIDENT\CHAIRPERSON\DIRECTOR _____	PHONE NO. _____
CONTACT PERSON COMPLETING CONFIRMATION _____	PHONE NO. OF CONTACT PERSON _____
ADDRESS OF CONTACT PERSON _____	CITY _____ STATE _____ ZIP _____
DATE(S) OF MEETING _____	SUBJECT/PURPOSE OF MEETING _____
TIME RESERVED _____ (include ½ hour for set up and ½ hour for cleanup)	APPROXIMATE NO. ATTENDING _____
SECTION(S) REQUESTED: (circle all that apply) NORTH CENTER SOUTH ALL	(kitchen access) (movie screen)

I agree to see that my group observes the Auditorium Rules and ensure that the meeting is over 15 minutes prior to closing or the next event. It is understood that the Yuma County Health Department assumes no responsibility whatsoever for any property placed in the auditorium or other facility areas coinciding with a scheduled meeting; and that the Yuma County Health Department is hereby expressly released and discharged from any and all liability for any loss, injury or damage to persons or property which may be sustained before, during or immediately following any meeting.

Items provided for your use by the Yuma County Health Department: tables, chairs podium, dry erase boards, with markers. The Health Department does not provide expendable supplies.

Please inform attendees at meetings that: (1) smoking is prohibited in the Health Department building; (2) official emergency exits are indicated and should be noted at each attendance; and (3) Auditorium Rules will be posted in the auditorium and must be observed at all times.

FOR OFFICE USE ONLY!

EQUIP. REQ: _____

APPLY COMML. FEE: (YES) _____ # HRS _____ NO__ APPLY \$50 CLEANING DEP. YES___ NO___
AMT COLLECTED: _____ CHECK # _____ CASH: _____ CLEAN. DEP. REFUNDED YES___ NO___
NOTES:

SIGNATURE OF CONTACT PERSON