

# Nisei Veterans Committee Facility Reservation Form

(Semi Annual Reservation for Continuous Use)

(Must be renewed semi-annually 30 days before start of each calendar year)

Lessee (organization or person): \_\_\_\_\_ Approx. Head Count per session: \_\_\_\_\_  
Approx no. of NVC members attending/session: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Day Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_  
Day Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**(Contact person or alternate contact person must be participants and be present during use of facilities.)**

Description of use of the facility: (please include details of any equipment to be brought into the facility.)

Day of the week: \_\_\_\_\_ From \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

---

---

## REFUNDABLE \$200.00 ONE TIME DAMAGE DEPOSIT REQUIRED

---

---

All fees must be paid in advance for the entire calendar quarter. Semi-Annual renewal reservation forms are due **30 days** before the calendar year begins. **Non submission may result in cancellation of reservation.** Reservations are subject to **"bumping"** for NVC events, meetings, etc. If your group is "bumped" you will receive a pro-rated credit for the missed day which will be applied to your next quarterly payment!. Please make checks payable to: **Nisei Veterans Committee.**

**Card Key: Maximum two (2) per group @ No Cost. Each additional Card Key @\$5.00/each.  
Lost Card: \$15.00/ea.**

*The NVC does not discriminate or tolerate harassment on the basis of race, color, sex, religion, national origin, marital status, sexual orientation, age, or the presence of any sensory, mental or physical disability.*

**I have read the Rules and Regulations printed on the back of this form and agree to all terms. I agree it is my responsibility to inform all members of my group of the Rules and Regulations. I acknowledge that failure to abide by the Rules and Regulations or failure to pay fees on time can result in forfeiture of immediate privileges and loss of privileges for future use.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

---

**For Office Use Only**

Form received by \_\_\_\_\_ Date received \_\_\_\_\_

Damage Deposit:      Date Received: \_\_\_\_\_      Date Refunded: \_\_\_\_\_

Usage fee received on: 1<sup>st</sup> Quarter: \_\_\_\_\_ Amount: \_\_\_\_\_ Check # \_\_\_\_\_  
2<sup>nd</sup> Quarter: \_\_\_\_\_ Amount: \_\_\_\_\_ Check # \_\_\_\_\_  
3<sup>rd</sup> Quarter: \_\_\_\_\_ Amount: \_\_\_\_\_ Check # \_\_\_\_\_  
4<sup>th</sup> Quarter: \_\_\_\_\_ Amount: \_\_\_\_\_ Check # \_\_\_\_\_

Card Key Issued: \_\_\_\_\_ Date \_\_\_\_\_ Card Key Returned: \_\_\_\_\_ Date: \_\_\_\_\_  
Card Key Issued: \_\_\_\_\_ Date \_\_\_\_\_ Card Key Returned: \_\_\_\_\_ Date: \_\_\_\_\_

Dates bumped this quarter: \_\_\_\_\_

**NVC HMC Form C (3-17-08)**