

Santa Cruz Archers Key Agreement

Key numbers: Gate _____ Indoor _____ Snack Room _____ Others: _____, _____

I, (please print name) _____, have submitted a deposit of \$200.00 for the Archery Range keys. I understand that having the range keys is a privilege, not a right, and is a privilege that can be revoked at any time, for cause.

The terms and conditions regarding Archery Range keys are as follows:

1. By signing this agreement, you are agreeing to the conditions stated in the "Santa Cruz Archers Key Policy."
2. The person issued the keys is responsible them and keys can not be loaned to anyone.
3. If you are opening the gates, they must be left locked, except for official club functions and weekend public hours.
4. If you are opening the gates for a club function or weekend public hours, lock the lock to the gate latch bar such that it cannot be misplaced.
5. If you open the gate, you are responsible for closing the gate. If you will not be available when the gate must be closed, you must formally pass the responsibility to someone who will accept that responsibility.
6. The gate is used by Santa Cruz Archers, the City of Santa Cruz Parks and Recreation Department, the City of Santa Cruz Water Department and the City Park Ranger. In order to prevent confusion, you must leave the gate the way you found it unless you are opening or closing the gate for a club activity or public open hours.
7. If your membership in the Santa Cruz Archery Club (a.k.a. Santa Cruz Archers) ceases, or is allowed to lapse, you are agreeing to return all keys within one month of the end of your membership. You further understand that failure to return keys will result in the club asking a collection agency to recover your key set.
8. If you receive an official demand for return of your keys for cause, you are agreeing to return all keys immediately.
9. If you move or change your contact information, you are agreeing to provide your new contact information and/or address to the Key Master or the President within one month.

I have read this agreement and agree to abide by it:

Signature: _____ Date: _____

Street Address: _____

City, State, Zip: _____

Phone #: _____ Email Address: _____

Deposit Received: Amount: \$ _____ Cash Check #: _____

Key Master Initial for receipt of Deposit: _____

RETURN/REPLACEMENT INFORMATION:

Key Replaced (use new key agreement, staple together). Provide replacement reason on back.

Key Returned on _____ Deposit refunded on _____

Key Master Initial and date showing receipt of deposit: Initial: _____ Date: _____

Original to Key Master

Copy to SCA Records

Receipt to Member