

FACILITY RENTAL FORM

Payment for facility use is to be given to the secretary upon booking.

Checks are to be payable to: _____.

Church: _____

Address: _____

Phone: ____-____-____; Fax: ____-____-____

Email: _____

Name of Person/Group Booking Event: _____

Name of Contact Person (if different from above): _____ Phone: _____

Type of Function: _____ Fax: _____

Date Required: _____
 Month Date Year S M T W TH F S

Time(s) Required: (Set-up and clean-up times must be included in the hours)

From _____ AM To _____ AM Event Start Time: _____
 PM PM

Rehearsal time required? yes Date and time: _____ no

	Facility or Service	Rental Fee*	Total
	Church Rental – \$____/day (for Weddings this includes a rehearsal date/time)	\$____.00	\$
	Open/Close fee (see #4a on reverse)	\$____.00	\$
	Set up fee (see #4b on reverse)	\$____.00	\$
	Clean up fee (see #4c on reverse)	\$____.00	\$
<i>R</i>	Damage Deposit (please provide separate check)	\$____.00	\$____.00
*Denominational Functions: No fees, however, group must provide own refreshments.		Total	\$

Sound System and PowerPoint: If renter requires the use of the sound system and/or Powerpoint, the church secretary will direct you to a person who is qualified to run both systems. Payment is made directly to the person that the renter has made arrangements with.

Furniture/Kitchen Requirements (please indicate number required)

- _____ Tables—Round
- _____ Chairs
- _____ Tablecloths
- _____ Coffee Urns 100 cup 12 cup
- _____ Refrigerators
- _____ Dishes & Cutlery

Equipment Requirements

- _____ Overhead Projector/Screen
- _____ TV/VCR
- _____ Podium/Dais
- _____ Portable Mic/Speaker
- _____ Additional Microphones
- _____ Keyboard
- _____ Organ

