**FACILITY USAGE FORM**

Renter:

Contact Person:

Address:

Phone Number: Day Evening

Email

Name/Type of Event/Activity

Date(s)/Time of Activity Time

Purpose/Description of Event/Activity

Approximate Number of People

Special Requirements Requested (i.e. special lighting, microphones)

Facility Rental Fees: (Please circle area of Church desired)

Active Member Non-Member Church Ministry

Sanctuary No Fee $250.00 No Fee

Lower Level No Fee $250.00 No Fee

Lower-Level w/Kitchen No Fee $500.00 No Fee

Both w/o Kitchen No Fee $250.00 No Fee

Both w/Kitchen No Fee $250.00 No Fee

Renter’s Signature Date

Form and Deposit Received: Date \_\_\_\_\_\_\_ Initials \_\_\_\_\_\_\_

*Return this form and deposit to Trustee Ministry/Church Secretary*

***For Office Use Only***

\_\_\_\_\_ Approved Date \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Approved Date \_\_\_\_\_\_\_\_\_\_\_\_ with the following modifications:

\_\_\_\_\_ Denied Date

By Chandra Smith, Trustee

Reason

Acceptance:

*I have read this entire document and agree to all of the terms and modifications as stated.*

\_\_\_\_\_\_\_\_\_\_\_

Renter’s Signature Date

\_\_\_\_\_\_\_\_\_\_

Chandra Smith, Trustee Date