



Office Use:	Submitted: _____
	Approved: _____
	Paid: _____
	CC: _____

FACILITY USE APPLICATION

Event Date ____/____/20____ Event Time: Start _____ End Time _____

Applicant's Name (Printed) _____

Name of Group _____

Address _____

Phone _____(Home) _____(Work) _____(Cell)

Purpose of Event _____

Will an admission fee be charged? (Please circle) YES NO If yes, amount: \$_____/per _____

Number in attendance: ADULTS: _____ TEENS: _____ CHILDREN: _____

Is a Covenant Presbyterian Church member in the group/organization? (Please circle) YES NO

If yes, name: _____

SPACE REQUESTED: (Please circle all areas requested.)

- | | | | |
|-----------|-----------------|--------------------|-------------------------|
| Sanctuary | Breezeway | Fellowship Hall | Fellowship Hall Kitchen |
| Chapel | Great Hall | Great Hall Kitchen | Great Hall Stage |
| Field | Conference Room | Classroom (#____) | |

EQUIPMENT NEEDED: (Please circle & provide number needed.)

- Tables _____ Chairs _____ Podium _____ Sound _____

Other information: _____

Applicant's Signature: _____ Date: _____

FACILITY USE SUGGESTED FEES

Fees may vary based on individual event or circumstances.

<u>Facility Area</u>	<u>Member Fee</u>	<u>Custodian Fee</u>	<u>Non-member Fee</u>	<u>Custodian Fee</u>
Great Hall (up to 6 hours)	\$100	\$100	\$300	\$100
Sanctuary	\$100	\$75	\$300	\$75
Fellowship Hall	\$50	\$35	\$50	\$35
Conference Room/ Classrooms (up to 3 hours)	\$25		\$25	
Chapel	-		\$50	
Breezeway	\$50		\$100	
Security Deposit	-		\$100	
Event Coordinator (up to 4 hours)	\$100		\$100	

Adopted by Session 10/01, rev. 10/02, 10/10

Facility Use Team: Team Action: _____ Fees: _____

Special Conditions Applied by Facilities Use Team: _____
