FACILITY RENTAL FORM

Payment for facility use is to be given to the secretary upon booking. Checks are to be payable to: ____________________.

Name of Person/Group Booking Event: ____________________

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

Type of Function: ____________________ Fax: __________

Date Required: ____________________

<table>
<thead>
<tr>
<th>Facility or Service</th>
<th>Rental Fee*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Church Rental – $___/day (for Weddings this includes a rehearsal date/time)</td>
<td>$___ .00</td>
<td>$</td>
</tr>
<tr>
<td>Open/Close fee (see #4a on reverse)</td>
<td>$___ .00</td>
<td>$</td>
</tr>
<tr>
<td>Set up fee (see #4b on reverse)</td>
<td>$___ .00</td>
<td>$</td>
</tr>
<tr>
<td>Clean up fee (see #4c on reverse)</td>
<td>$___ .00</td>
<td>$</td>
</tr>
<tr>
<td>☐ Damage Deposit (please provide separate check)</td>
<td>$___ .00</td>
<td>$___ .00</td>
</tr>
</tbody>
</table>

*Denominational Functions: No fees, however, group must provide own refreshments.

☐ 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

Revised: ________
1. Please include a fax number so confirmation can be faxed to you. (There is space on the front of this form for your fax number).

2. This church is a smoke-free building.

3. Confetti or rice is not to be used within the church facility or on the church property.

4. Additional charges apply if renter requires a staff member to
   a) open/close the building — $__.00.
   b) set up tables, chairs, etc. — $__.00
   c) clean up, i.e., put away tables, chairs, vacuum carpets, mop floors, tidy washrooms, etc., — $__.00
   **The renter has the option to set up and clean up themselves, with no additional charge.**

5. All renters ordinarily will conduct their functions to permit the closing of the facility by ___ pm Monday to Friday and by ____ pm Saturday and Sunday. (In certain circumstances, these times may be extended).

6. Any damage to equipment or facilities, other than from normal use, shall be the responsibility of those renting the facility.

7. All fees for rental of facilities and equipment are payable to Church and delivered to the secretary upon booking. __________ will pay its staff as required. A damage deposit of $____ is required. Damage deposit will be returned to renter if facilities are left in satisfactory condition (determined by __________staff).

8. Indemnification: It is an express term of this agreement that the Renter indemnifies the Church for any costs or damages of any kind incurred by the Church, as a result of the rental of the facility by the Renter.

9. All bookings and arrangements must be made through the church secretary at least **two weeks** prior to the event.

10. Bookings and arrangements in unusual circumstances may be directed to the Committee of Administration for approval.

11. Cancellation: A full refund will be given if cancellation notice has been given ____ weeks prior to the event. Anything less than ____ weeks notice, one-half of the payment will be refunded.

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**RENTAL AGREEMENT**

Signatures on this form indicate the agreement of the renter to the terms and conditions, and the approval of the rental application by __________Church.

Facility Rental to be paid in full along with this form: $________________

Renter’s Name: ___________________ Signature: ___________________ Date: ______________

Please print

Approval from __________: ___________________ Date: ______________

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**For Office Use Only:**

Copies to be sent to:  
- [ ] File  
- [ ] Treasurer  
- [ ] Custodian  
- [ ] Administration  
- [ ] Kitchen Committee  
- [ ] Audio/Visual Technician  

Confirmation sent______________________________

Revised: __________