

## **REQUEST FOR USE OF CHURCH FACILITIES**

**TODAY'S DATE** \_\_\_\_\_

**GROUP REQUESTING USE OF FACILITY** \_\_\_\_\_

**REASON FOR REQUEST USE OF FACILITY** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**PHONE (Home)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_ **(Work)** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**DATE OF REQUESTED USE:** \_\_\_\_\_

**START TIME (Hour)** \_\_\_\_\_ **END TIME (Hour)** \_\_\_\_\_

**USAGE PERIOD:** Please check one of the following

Member: _____ Non-Member: _____
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- \_\_\_\_\_ **Year Round** (Specify nights/days of week and time of use)
- \_\_\_\_\_ **Monthly** (Specify Months, days, time of use) If school yr., use only, indicate start & end date)
- \_\_\_\_\_ **Bi-Monthly** (Specify Months, days & time of use)
- \_\_\_\_\_ **Weekly** (Specify day & time of use)
- \_\_\_\_\_ **One-time Usage** (Specify Date Time)

**ROOM(S) REQUESTED:** \_\_\_\_\_

**NUMBER OF PARTICIPANTS ATTENDING:** \_\_\_\_\_

**FACILITY USE:**

**\*NOTE: A funeral will take precedence over any group event previously scheduled.**  
**Depending on the size of your group, an alternative room may be made available.**

\* The church may reduce or waive fees for charitable non-profit and neighborhood activities

*Please fill out both pages and return to office.*

<b>FEES:</b>	A. Half Day (4 hours)	\$ 50.00	<i>There is no fee for church groups</i>
	B. Full Day (over 4 hours)	\$100.00	

**SET UP NEEDS:**

A. Tables \_\_\_\_\_# needed. White: Y/N

B. Chairs \_\_\_\_\_# needed.

C. Other \_\_\_\_\_

<b>CUSTODIAL SERVICES:</b>	<b>FEE:</b> 1 – 50 attendees	\$50.00
	50 attendees & over	\$75.00

**EQUIPMENT USE:**

- A. Church functions will have priority in the use of church equipment.
- B. Any equipment use will need to be pre-approved. Persons using church equipment will be responsible for repair or replacement in case of damage.
- C. As dictated by the Good Shepherd Women (GSW) Board action, equipment belonging to the Good Shepherd Women is not allowed to leave the church campus.

**FEES:** A. Coffee pots only (must supply own coffee, cups, etc. or a Full Kitchen fee will be charged)

B. Full kitchen \$50.00 paid to Good Shepherd Women

C. Linens \$25.00 paid to Good Shepherd Women

### **FURTHER POLICIES:**

- A. Please note that any group using the elevator will need to appoint a representative to assist any member of their group using the elevator. A church staff member will provide brief instruction about the elevator to the group representative.
- B. No group outside the church will be allowed to store items or containers of any type within the church facility or on church grounds.

**Discussed at staff meeting**                      **Approve**\_\_\_\_ **Deny**\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Total amount due**\_\_\_\_\_ **Paid on** \_\_\_\_\_

**Signature of Contact Person**

**Date**

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*Rev 2/22/2022 cs /SharedDocs/ property mngmnt/FacilityUseForms*