

One-Time Facility Use Reservation Request & Deposit Form

Requesting Individual: _____	Group Name: _____
Phone: _____ Cell: Y/N	Email: _____
Requested Date: _____	Requested Facility(s): _____
Time Setup Begins: _____ am/pm <i>Hourly rate includes setup and cleanup time</i>	Time Cleanup Finished: _____ am/pm
Expected Attendance: _____	Will food be served? <input type="checkbox"/> Yes <input type="checkbox"/> No
Purpose of event/activity: _____	
If food will be served, preparer/caterer: _____	
Equipment Requested: _____	
<input type="checkbox"/> Kitchen access <input type="checkbox"/> Tables # _____ <input type="checkbox"/> Chairs # _____ <input type="checkbox"/> Sound system	
<input type="checkbox"/> Other: _____	

Deposit & Reservation Terms

- A deposit of \$ _____ is required to secure your reservation.
- Submission of this form and/or payment of the deposit does not guarantee approval of the reservation
- The reservation is not approved or confirmed until written approval is provided by an authorized church approver.
- If the reservation request is not approved by the Church, the deposit will be returned.
- If the reservation is approved and the One-Time User cancels seven or more calendar days before the event date, the deposit will be returned.
- If the reservation is approved and the One-Time User cancels fewer than seven calendar days before the event date, the deposit will be forfeited.
- The One-Time User may also be required to complete a Usage and Hold Harmless Agreement, provide proof of event insurance, and pay any remaining facility-use fees before the event or deposit will be forfeited and use denied.

Acknowledgment

I understand that this is a reservation request only and that I will receive confirmation or denial by an authorized Church representative regarding this request. Without that confirmation, I understand that I do not have a reservation.

Signature: _____

Date: _____

Printed Name: _____

For Office Use Only

Authorized Church Approver: Reservation Status: Approved Denied

Name _____ Signature: _____ Date: _____

Deposit Amount Received: \$ _____ Custodian Scheduled

Date Received: _____ Required insurance documentation received.

Received By: _____ Final Payments Received by the Friday before event.

Added to Facilities Calendar: Yes Walkthrough Assessment

Host scheduled: _____ Deposit & Cleaning fee refunded (*less \$50 and post-event incurred expenses*). Date: _____

Written Approval/Denial Sent. Date Sent: _____ Signature of Receipt _____