



Church Member (50% off room rental rate)

Please provide the following information and return the form to the church office.

Company/Organization Name: _____ Today's Date: _____

Contact Name: _____ Email: _____ Phone: _____

Event Title: _____ Event Date: _____ Number of Guests Expected: _____

Set Up Time: _____ AM/PM
(This is the time you need to get into the building)

Out Time: _____ AM/PM
(This is the time you plan to be OUT of the building)

Event Start Time: _____ AM/PM

Event End Time: _____ AM/PM

AV Tech YES
Needed? NO

\$25/HR

Only our techs are permitted to operate church equipment.

If your event requires a tech, the tech services will be billed for setup, the actual event, and tear-down. The tech will be paid for a minimum of two (2) hours.

Equipment Needed (circle all that apply)

PIANO | SOUND SYSTEM | PROJECTOR | TV | DVD | WIRELESS MIC

Room Requests (check all that apply)

Small Room Classroom Occupancy: 15 Library Occupancy: 15 Confirmation Room Occupancy: 15

Large Room Fellowship Hall Occupancy: 45 Lower Level Kitchen Full Kitchen

Great Hall Occupancy: 250 Sanctuary Occupancy: 250

Tables Needed: Rectangle _____ # Chairs Needed: _____
Circle _____ # Chairs Needed: _____

NOTES _____

FEE STRUCTURE

- *IF* your event is approved, a \$200 security deposit check is due to the church to secure your date.
- This deposit may be applied to the building use fee if the terms and conditions are followed.
- \$20 per hour for the use of each small space approved.
- \$50 per hour for the use of each large space approved.
- \$50 cleaning fee (non-refundable) for the approved use of small spaces.
- \$100 cleaning fee (non-refundable) for the approved use of large spaces.
- \$25 per hour fee for an audio visual technician to be present during an event (with a 2 hour minimum).
- **Your fee will be determined within 10 days following your event***
- **If your event covers multiple days, these fees will constitute the amount owed per day.**

_____ I agree to the terms and conditions of First Presbyterian Church for the use of their facility.
Initials

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY

Was this event approved? Yes No If No - Why? _____

Was proof of insurance provided? Yes No If No - Why? _____

Staff Signature: _____ Date: _____

Date security deposit was received: _____ Check # _____