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 Needed? □ YES □ 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 ______ 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.

________________________________
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 # ____________