

# St. Peter's Church

## FACILITIES USE RESERVATION AGREEMENT

Return to the Church office.  
Please allow a minimum of 14 days for processing.

**PLEASE PRINT IN INK**

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Event: \_\_\_\_\_

Name of Organization / Ministry: \_\_\_\_\_

Name of Group Leader: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell \_\_\_\_\_

Best time to be reached:  A.M.  P.M.

E-Mail Address: \_\_\_\_\_

**Date(s) Requested:** From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Days of the Week: \_\_\_\_\_

Room (s) Requested: \_\_\_\_\_ Off-grounds Location: \_\_\_\_\_

**Time Requested:** Start: \_\_\_\_\_ a.m. / p.m. End: \_\_\_\_\_ a.m. / p.m.

Setup Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Setup Time: \_\_\_\_\_ a.m. / p.m.

Key(s) Needed: Y/N \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

**Resources Requested:**

Music  Audio Equipment  Visual Equipment  Nursery (*Fee to be determined*)

**Announcement Information (attach or email written info):**  Bulletin  Newsletter  Email

**NOTE:** All children under age of 18 require adult supervision. **NO** alcoholic beverages permitted.

**Group Leader Responsible for:**

➔ **Inspection of rooms prior to use and for reporting any unacceptable conditions to Facility Manager or Junior Warden.**

**NOTE:** Items NOT allowed on walls, doors, windows or ceiling are: Scotch tape, duct tape, command tape, nails, push pins, staples or any items similar.

➔ **A thorough cleaning of all areas used including bathrooms and hallways. Sweep and mop or vacuum all floors, clean counters, sinks, and dispose of all trash bags and take directly outside to dumpster to prevent leakage. All food and party refuse must be removed from the premises immediately following event.**

➔ **Group Leader / Ministry is directly responsible for any damage or cleanup required of the facilities.**

**NOTE:** Any damage to facilities or any cleaning required will constitute funds being deducted from Ministry account to cover cost.

Group Leader has read and acknowledges the responsibilities, conditions, and fees concerning the use of this facility.

Group Leader \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Office Use Only**

- Event Form Submitted to Church Office                      Date: \_\_\_\_\_
- Master Calendar Review Complete                                      Date: \_\_\_\_\_
- Forwarded to Vestry for Notification                                      Date: \_\_\_\_\_
- AV Tech(s) Notified    Date: \_\_\_\_\_
- Damage Deposit Collected    Date: \_\_\_\_\_
- Applicant Informed of Approval / Rejection                                      Date: \_\_\_\_\_
- Applicant Informed of AV Tech Availability                                      Date: \_\_\_\_\_

Review Date: \_\_\_\_\_       Approved       Denied Reason: \_\_\_\_\_

Approval Date: \_\_\_\_\_      Rejected Date: \_\_\_\_\_

AV Tech Available & Assigned: \_\_\_\_\_

Deposit Required: Y/ N Amount \$ \_\_\_\_\_

Total Fees: \_\_\_\_\_      Collected By: \_\_\_\_\_      Date \_\_\_\_\_

**Exit Review**

- All Equipment Returned / Facility is Clean       Building Checked By: \_\_\_\_\_
  - Damage Deposit Returned (if applicable)      Applicant's Initial Receipt \_\_\_\_\_       Key Returned
- Exit Review Completed By: \_\_\_\_\_      Date: \_\_\_\_\_