GENERAL INFORMATION
Event: ___________________________ Contact: ________________________
Phone: _________________________

Event Date(s): ___________________________ E-mail: ________________________

Frequency: One Time Only: ___ Weekly: ___ Every Other Week: ___ Monthly: ___
Other: __________

Beginning Time: __________ Ending Time: __________ Est. # Attending: __________

Requested Space: ___ Peace Center ___ Church Basement ___ Class Room # ______

FOOD SERVICE
___ In-house ___ Catered (OFF SITE PREP ONLY) ___ Potluck ___ None
Caterer (if applies): ___________________________ Phone Number: ____________

Other details we should know about:
________________________________________________________________________

AUDIO – VIDEO
Does your group require audio and/or video? Yes / No. See AV policy and fees.

CHARGES – See Property/Facility Use Agreement for rates.
Facility Fee _______________________
Rental Hours X $10.00 (2 hour minimum) = Supervisor Fee _______________________
Audio-Video requests (see policy and fee sheet) Audio-Video Fee _______________________

Date Paid ___________________ Check # ___________________ Total Fee Paid ____________

Contact Signature ___________________________________________ Date: ____________
This form must be completed, fees paid and signed prior to the event being posted to the web calendar and requested space reserved.

Approved _______________________________ Date _____________________
Director of Congregational Services

Please provide a copy of this completed form to the contact person (listed above), a copy for the Director of Parish Services, a copy for the finance office with payment or billing instructions and a copy to the Minister of Operations.

Form D
11/21/17