**Application for Use of Church Facilities**Vancouver Church of Christ
9019 NE 86<sup>th</sup> St. Vancouver, WA 98662 (360) 696-0548 (cynthia@vanchurch.org) www.vanchurch.org

**Instructions**: Please complete this form for each reservation, unless it will be a recurring event, i.e. weekly, monthly. Provide this form to the Church Administrator by fax, email, or drop off preferably at least 2 weeks before the event.

Today's Date:		
Name of Organization	, Group, Family, or Individual:	
Type of Event:		
Date of Event:		
Time of Event: Start	t: End (including clean-up):	
Set Up Time (when acc	cess to building is needed):	
<b>Specific Room Reques</b>		
Recurring Event?	Yes No Ending (month): Ending (month):	
Food / Drink served? Comments:	Yes No (also will you require Church Kitchen)	
-	people expected at event:  or the event? (if Yes, enter fee here)  \$	
Room Set-Up: Yes Set-Up required: Set Up arrangem Comments:	s (if requested – additional fees req'd)  Chairs only: How Many? Chairs and Tables: How Many?  nent:	
Sound Technician:	Yes (Required if using multimedia/sound system, person approved by Technical Team, addition	nal fees req'd)
	nt at event to assure compliance with Facilities Usage Policy. Copy of Facilities Usage Policy pr	
Contact Person Address		
City / State / Zip		
Phone / Cell Phone		
Email		
The signature below ver facility:	rifies that the person has read and understands the policies for the use of the Vancouver Church of	of Christ
Signature:	Date:	
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## **Terms and Conditions**

- 1) Use of the building is not exclusive. Other individuals or groups may be using the building at the same time. Everyone must show respect for other individuals and groups using the building at the same time. Individuals and groups are expected to honor their time schedule. Failure to do so may be grounds for denying future use of the building.
- 2) Facilities must be left in the same condition as found or better.
- 3) Special procedures and policies for specific rooms (i.e Family Life Center) are to be adhered to in conjunction with this agreement.
- 4) Willful violation of any guidelines or regulations could lead to the loss of eligibility to use the facility

******	*****	*******CHURCH USF	C ONLY***************	*****
Date Application Received:				
Room(s) Reserved:				
Date(s) Reserved:			Time Reserved:	
Fee Required?	Yes			
Fee Amount, Total:	\$			
Prepaid Amount, Deposit:	\$	Date:		
Balance Due:	\$	Date:		
Balance Paid:	\$	Date:		
Release of Deposit:	\$	Date:		