CHURCH EVENT

FACILITY UTILIZATION REQUEST

Today's date	_ Date needed	Tim	e:t	.0
Type of function				
Number of people expected				
Check areas requested:				
Sanctuary				
Fellowship Hall				
Foyer areas (foyer	& coffee area)			
Kitchen—Must fill	out Kitchen Utilization	Form		
Nursery				
Classrooms				
Library				
Outside areas (spe	cify)			
Baby grand piano				
• Please confine your use	to only those areas ch	ecked as someon	e may have r	eserved other areas of
the church.				
 Will you need tables? 	How many?	Round	Rectang	ular (Please include a
diagram on back of this	sheet)			
 Audio/Visual person ne 	eded? YesNoI	fyes, please fill ou	ut the A/V Se	rvices Request Form (\$15/hou
Equipment and materia	Is needed: (Specify nu	mber of chairs (pu	ut diagram or	n back), tv, DVD, screen,
podium, white board, e			0	
Is a key needed? YesNo				
Is a bulletin announcement nee				
Are you willing to set up and tal				

GUIDELINES

- The **requester** is responsible to see that there is no food or drink in the building without permission from the Business Administrator. We request that you refrain from using any red liquids (punch, juice, etc) or red jell-o.
- No peanuts or peanut products are allowed in the building due to severe peanut allergies.
- The **requester** recognizes his/her obligation to prohibit the use of tobacco, alcoholic beverages, drugs (or any controlled or illegal substances), or social dancing anywhere on the premises.
- No materials should be affixed to wall, ceiling, doors, or windows.
- There must be adults present with children and youth at all times.
- The **requester** is responsible for restoring the area to its original configuration, including any cleanup beyond normal custodial work.
- The **requester** is responsible to reimburse the church for damages or lost items.
- The **requester** is responsible to make sure all lights are turned off, and return the key.

I have read the above guidelines for facility use and understand that FEFC is not responsible for any injuries while we are on the premises for this function.

REQUESTER SIGNATURE

Phone_____ E-mail_____

Approved ___

(Business Administrator)

NON-CHURCH EVENT

FACILITY UTILIZATION REQUEST

Today's date	Date needed	Time:	to
Type of function			
Number of people expe	cted		
Check areas requested:			
Sanctuary	(\$100.00 per day)		
Fellowship	Hall (\$75.00 per day)		
Foyer area	s (foyer & coffee area) (\$75.00 per	r day)	
Kitchen (\$2	25.00 per day) Must fill out Kitcher	n Utilization Form	
Tal	ble cloths (\$6.00 each)		
Nursery (\$2	25.00 per day)		
Classrooms	s (\$15.00 per room, per day)		
Library (\$2	5.00 per day)		
Outside are	eas (specify)		
	your use to only those areas check	ed as someone may ha	ve reserved other areas of the

- Will you need tables?_____ How many? ____ Round ____ Rectangular (Please include a diagram on back of this sheet)
- Audio/Visual person needed? Yes____ No____ If yes, please fill out the A/V Services Request Form (\$15/hour)
- Equipment and materials needed: (Specify number of chairs (put diagram on back), tv, DVD, screen, podium, white board, easel, etc.)
- Snow Removal: November 15 April 1, a \$200.00 deposit is required as snow removal may be necessary.
- Is a key needed? Yes _____No_____

All lees are payable in advance.

GUIDELINES

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- No peanuts or peanut products are allowed in the building due to severe peanut allergies.
- The **requester** recognizes his/her obligation to prohibit the use of tobacco, alcoholic beverages, drugs (or any controlled or illegal substances), or social dancing anywhere on the premises.
- No materials should be affixed to wall, ceiling, doors, or windows.
- There must be adults present with children and youth at all times.
- The **requester** is responsible for restoring the area to its original configuration, including any cleanup beyond normal custodial work.
- The **requester** is responsible to reimburse the church for damages or lost items.
- The **requester** is responsible to make sure all lights are turned off, and return the key.

I have read the above guidelines for facility use and understand that FEFC is not responsible for any injuries while we are on the premises for this function.

		Phone	
	REQUESTER SIGNATURE	E-MAIL	
Approved			
	(Business Administrator)	_	
Check#	Amount paid	Date Received	_

2/17/2016