

SPC FACILITIES USE APPLICATION (Other Than Weddings)

Please use black or blue ballpoint ink. (Pencil not accepted).

Applicant's Name/Organization (as applicable): _____ Date today: _____

Contact Person: _____ Address: _____ ZIP: _____

Home Phone: _____ Work Phone: _____ Telefax: _____ E-mail: _____

SPC sponsor: Name: _____ Home Phone: _____

Room(s)/Facility Requested: _____ **Date Requested:** _____ Approx. No. Attending: _____

Setup Time: _____ am/pm Start Time: _____ am/pm Finish Time: _____ am/pm **Ongoing every Month: Yes ___ No ___**

Activity to be conducted (be as specific as possible):

Circle Church equipment needed: TV-VCR/Speaker System/ Microphone/ Stand/ Overhead, Ice, Tables, Chairs, other _____

Equipment group will bring: _____ Include set-up instructions/diagram on back of this form.

Fees for use of SPC facilities are described on Fee Schedule I.

Payment of fees must accompany the application. No event will be approved or scheduled until fees are paid in the church office.
Any fee for custodial service will be determined after the event and billed to the user.

INDEMNIFICATION AGREEMENT

I have read the Facility Use Policy and the rules (Attachment B) governing the use of SPC facilities and equipment, and I agree to abide by them. If representing an organization; I am authorized to make this request and commit the organization to this policy and rules therein.. I will be responsible for communicating these requirements to all members of the group who will be involved. In consideration of Southminster Presbyterian Church permitting the Undersigned the use of facilities requested, the undersigned, on behalf of himself/herself and any organization involved, does hereby agree to indemnify and hold Southminster Presbyterian Church harmless from and against any and all loss, damage or liability of any kind whatsoever arising out of or in connection with use of the church facilities pursuant to this request.

Signature: _____

Date: _____

OFFICE USE ONLY

Approved/Disapproved By: _____

Date: _____

Payments made:

Sec. Deposit: _____ Received By: _____ Ck. # _____ Date: _____

Room/Facility: _____ Equipment: _____ Other: _____

Custodial Fee: _____ Hrs. X 25.00/hr. = _____ **TOTAL (all charges):** _____

Received By: _____

Ck. # _____ Date: _____