

### 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: \_\_\_\_\_