

GUEST FACILITIES REQUEST FORM

Covenant Presbyterian Church

Phone: (719) 598-0800; Fax: (719) 598-7780; E-mail: office@covenant-pres.org

Today's Date: _____

Event Information

Name of Event: _____

Name of Organization: _____

Start Date: _____ Number of people

End Date: _____ attending: _____

Frequency of Event: One time

Weekly (day: _____)

Monthly (day of mth: _____)

Other: _____

Starting Time: _____ a.m./p.m.

Closing Time: _____ a.m./p.m.

Contact Person

Name: _____

Phone: _____

Email: _____

Set Up

I will be here at _____ a.m./p.m. to set up

I have noted set up details on the back of this form

No particular set up is required

Facility Use

Please check all the rooms you need:

Any available room, space for _____ people

Worship Room

Family Room

Kitchen

Atrium

Children's Rooms (please list): _____

Library (204) _____

202 _____

208/209 _____

208 209

Other: _____

Equipment Use

Please check the equipment you need and indicate how many of each:

Tables _____ 6 ft. rectangular

_____ 4 ft. rectangular

_____ 4 ft. round

_____ any

Chairs _____ total _____ per table

Tablecloths

I understand that laundry charges apply

Media

Overhead Projector and Screen

Digital Projector and Screen

TV/DVD

Whiteboard & markers

Video/rear projection equipment in Family Room

Sound equipment in Family Room

Video/rear projection in Worship Room

Sound equipment in Worship Room

Other: _____

Agreement:

1. In exchange for use of Covenant Presbyterian Church's facilities, the requestor agrees to abide by the rules delineated in the current Facilities Use Policy approved by Covenant Presbyterian Church, available from the church office.

2. The responsible individual, identified above, agrees to be present for all phases of the listed event. This individual accepts responsibility for the cleanup and security of the facilities used during the activity.

Signature: _____

Date: _____

Fees

Office Use Only

Total Fee: \$ _____ Deposit: \$ _____

Deposit due upon approval of your application to use our facility.

Deposit Received (date): _____

Balance Due: \$ _____
The balance is due two weeks before the date of your event.

Balance Received (date): _____

Sound Tech Notified

Business Manager Approval: _____

Office Use Only

