

# Request for Church Facility Use

Approved October 19, 2015

Revised December 13, 2016



Name of Organization \_\_\_\_\_

Group Size \_\_\_\_\_ Age Range \_\_\_\_\_

\*Meeting Date(s) \_\_\_\_\_ Meeting Time(s) Begin \_\_\_\_\_ End \_\_\_\_\_ (by 9:00 PM)

Type of Event \_\_\_\_\_ Requested Room(s) \_\_\_\_\_

Do you have liability insurance for this event? \_\_\_\_\_

Equipment requested \_\_\_\_\_ Setup Requested \_\_\_\_\_

Donation \_\_\_\_\_ Fee \_\_\_\_\_ Stipend \_\_\_\_\_ **Total** \_\_\_\_\_

**\*This form will take one week to process after it has been returned\***

**\*This form will take two weeks to process for long-term events\***

**\*\*In the case of inclement weather, the church may need to close and your event will be canceled. Please check WGAL and our Facebook page for closing alerts. Note: if Hempfield School district is closed due to the weather, we are also closed.\*\***

**\*\*\*A \$50 deposit will be required for use of the kitchen. When the kitchen is inspected and found to be satisfactory, the deposit will be returned in a timely fashion. If the kitchen is found to not be in satisfactory condition, the deposit will be forfeited.**

**If you have ServSafe certification, please provide a copy with your application.**

**If someone with your event does not have ServSafe Certification, please verify that you have read the attachment for the Kitchen Rules and Policy and sign below.\*\*\***

**Signature:** \_\_\_\_\_

## AGREEMENT

*I/We AGREE to all rules and regulations as outlined on the attached pages. I/We also agree that any damage caused by our use of the Church and its property will be repaired at our expense to the complete satisfaction of Church of the Apostles' Property Commission. I/We agree to assume all responsibility for damage claims of liability of any kind arising from the use of the church facilities and to hold the church harmless from any claims, liability, expense, or cost connected with this use of the church facilities.*

\_\_\_\_\_  
Please Print Name and Title of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email Address

**Please Note:** Due to any unexpected funeral services, the date of the event may have to be rescheduled. Please submit the completed form to the church office **Attn: Facility Request**. ***Please be sure to have your check for the discussed amount reach the church office no later than one week before the event date.*** Please make checks payable to: **Church of the Apostles**. Thank you!

**This agreement may be broken by either party at any time with a 30-day notice.**

Request approved by:

1. Scheduling \_\_\_\_\_ Date \_\_\_\_\_  
Member Services Coordinator

2. Logistics \_\_\_\_\_ Date \_\_\_\_\_  
Property Manager

3. Insurance \_\_\_\_\_ Date \_\_\_\_\_  
Property/Stewardship Chairperson

4. Sanctuary use \_\_\_\_\_ Date \_\_\_\_\_  
Music Director

5. Kitchen use \_\_\_\_\_ Date \_\_\_\_\_  
Parish Life Chairperson

6. Vision and Values \_\_\_\_\_ Date \_\_\_\_\_  
Pastor

**PLEASE COMPLETE AND RETURN THIS FORM TO:**

*Church of the Apostles  
1850 Marietta Avenue, Lancaster, PA. 17603  
717-392-5718\*Fax 717-392-6470\*www.apostlesucc.org*

*This packet includes:*

*Request for Church Facility Use form  
Policy and Procedure (404 Use of Facilities)  
Rental Fee Schedule*