



FEDERATED CHURCH APPLICATION FOR CHURCH USE



Name of Event : _____

Date of Event : _____

Contact Person: _____

Phone Number: _____

Email: _____

Single day event _____

Recurring use of specific rooms/areas _____ (Check all that apply)

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday ____ Sunday ____

Specific Date(s) Requested : _____

Times Facilities Required : From : _____ AM/PM To: _____ AM/PM

Room(s) Requested (Check all that apply)

Sanctuary _____ Fellowship Hall _____ *Kitchen _____ Choir Room _____

Gymnasium _____ Library _____ Education Center Room _____

Equipment Requested (Check all that apply)

Easel : _____ Television : _____ Chalk/White Board : _____

Piano : _____ P.A. System : _____ Projector : _____

Tables and Chairs to be arranged in:

Standard : _____ Rows : _____ Circle : _____ Semi-Circle : _____

**Recreational Equipment : _____

Other : _____

* Kitchen Use Has Special Requirements and Fees

** Note: Additional Fees May Apply For the Use of Equipment



FEDERATED CHURCH HOLD HARMLESS AGREEMENT



The applicant and the individual executing this application hereby waive any and all claims, demands, and causes of action that they may have against Federated Church as a result of the use of church facilities pursuant to this application. The applicant and the individuals executing this application shall indemnify and hold harmless Federated Church and its officers, agents, and employees from and against any and all costs of litigation arising out of or associated with the use of church property by the applicant group and its members, guests, employees, and agents pursuant to this application. Further, the user group will provide a certificate of liability insurance (COL) in the amount of at least \$500,000, naming Federated Church as an additional insured. I/We have read and agree to comply with the "Federated Church Facilities and Equipment Usage Policy."

Applicant's Printed Name : _____

Applicant's Signature : _____

Address : _____

Phone Number : _____

FOR OFFICE USE ONLY

Approved _____ Denied _____ By : _____

Date : _____

Room(s)/area(s) to be used : _____

Damage Deposit Paid \$ _____ Check No.: _____ Receipt No.: _____

Donation / Fee(s) \$ _____ Check No.: _____ Receipt No.: _____