FEDERATED CHURCH
APPLICATION FOR USE OF CHURCH FACILITIES

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.: _____