



APPLICATION FOR FACILITY USE

DATE: _____

Organization/Community Group: _____

Contact Person: _____

Mailing Address: _____

Phone Number: _____ email _____

Reason for Request: _____

Single Use: Date Required: _____ Set up Time: _____ Start Time: _____ End Time: _____

Multiple Use Dates Required: _____

Set up Time: _____ Start Time: _____ End Time: _____

Continuing Use: Start Date: _____ End Date: _____

Anticipated number of people using room: _____

Community groups related to Ministry of St. Paul's United Church may be sponsored by:

- Worship – Chris Peterson/Rachael Howes Congregational Life – Eric/Cathy Sayle
 Spiritual Growth – Gloria Tozek Other _____

Insurance: when organizations use the facilities, proof of a minimum of \$2 million liability insurance must be filed with the Church Office prior to usage. If that is not available, we will require a signed Waiver (attached).

Insurance Company _____ **Policy #** _____

I acknowledge that I have read and will comply with the **Guidelines for Facility Use** attached. I hereby certify that, for the protection of all parties, we have an approval process in place to screen all of the people working with children and youth for the above dates.

Date _____ **Signature** _____

ROOM USAGE FEES – Prices are for half day unless otherwise noted.

Note: A cancellation fee of 50% of the agreed amount may be applied if agreement is cancelled with less than 15 days' notice.

Meeting/Event Spaces:

- \$135 Banquet Hall (2,960 sq ft)
 - \$55 Banquet Hall Rehearsal
 - \$75 Banquet Hall Kitchen
 - \$200 Refundable Kitchen deposit
 - Copy - Food Handler Certification

- \$55 Room 112 (840 sq ft)

- \$100 Memorial Hall (2,030 sq ft)
 - \$35 Memorial Hall Kitchen

- \$70 Parlour (840 sq ft)
 - \$25 Parlour Kitchen

- \$40 Room 340 (Tower Room)

Equipment Needs:

- \$75 Technician Fee (Sound & Projection)
- \$25 Key deposit (refunded on return of keys)
- \$50 Dishes

Personnel Needs:

- \$15/hour Event assistant/custodian
- \$75 Sound system operator
- \$50 Power point operator
- \$20/hour Office support (eg. powerpoint preparation/ program printing)

Payment Schedule:

- Once _____
- Monthly _____ per month
- Term _____ per quarter
- Total charge: _____

OFFICE USE ONLY:

- Date request approved: _____
- Date invoice sent: _____
- Date payment received: _____
- Booked in calendar