

Covenant Community Church Facility Request for Covenant Functions

___ Staff Approval ___ Committee Approval ___ Session Approval

Today's Date _____ Person Requesting _____

Date(s) of Event _____ Day(s) of week _____ Recurring? ___ Yes ___ No

Starting Time _____ Ending Time _____ Set Up Time _____ Clean Up Time _____

Room(s) Requested _____ Kitchen Need? ___ Yes ___ No

Function _____ Is this a Fundraiser? ___ Yes ___ No

Contact Person _____ Phone # _____

of People Expected _____ Is meeting open to public? _____

Will admission be charged or a contribution taken? _____ If yes, please explain. _____

Session Approval: _____ **Date:** _____

EQUIPMENT REQUESTS (Please note, the Covenant staff is not responsible for set-up & tear down of equipment. Once your request is approved, you will be contacted regarding final room responsibilities.)

_____ Sanctuary Chairs - (for use in Sanctuary only)	_____ Cost per hour - Run Sound Board \$25.00
_____ Classroom chairs	_____ Cost for set up - Sexton: \$50.00
_____ Tables – 6' round (Worship Center only)	_____ Tables - 8' rectangle
_____ Table Cloths	_____ Table Toppers
_____ Whiteboard & Easel	_____ Card Tables
_____ Lectern/Music Stand	_____ TV/DVD
_____ Room Set-up/Configuration Details: _____	
_____ Other/Please Specify: _____	

SOUND / PROJECTOR REQUESTS (available in the Sanctuary only)

(Please note that all sound / projector requests for Sanctuary must be reviewed with Technical team prior to approval)

_____ Sound Technician

_____ Projector Operator

Technical Team Approval _____ **Date:** _____

MISCELLANEOUS

Bulletin Announcements - please list date(s): _____

Verbal Announcements - please list date(s): _____

_____ We will need Childcare and have received Child Care Information Document.

_____ Someone in our group has a key/code and will be responsible for opening and locking up after our event. **Name of person:** _____

*All facilities requests must be reviewed by the Covenant Staff and (in some cases) Session or a specific Committee prior to reservation approval. A confirmation will be given to the above contact person. Once approval is given, your event will be placed on the Covenant Community Church Main Calendar. If your event is cancelled, please contact the church office at 707-448-5234 immediately so your reserved room will be available for other use. **When complete, return this form to the Covenant office. Thank You!***

THE PARTIES AGREE THAT:

1. A donation of \$ _____, will be given to Covenant Community Church to use the facility.
2. \$100 cleaning deposit required? Yes/No (refundable, please make separate check)
3. NO ALCOHOLIC BEVERAGES are permitted on the premises.
4. NO SMOKING is allowed inside the church facility.
5. The group shall be properly supervised by a responsible leader at all times.
6. CCC will not be responsible for personal injury to guest, nor is it responsible for personal property loss or damage.
7. Reimbursement is expected from any groups for destruction and/or defacing of church property.
8. The facility must be vacated by 9:30 P.M. Any overtime costs of the CCC staff or representative will be added to the donation amount.
9. Non-compliance with these policies will cause future applications for the use of the facilities to be denied.
10. The individual in charge has read and completed the Facility Use Agreement.

Signatures:

Individual in Charge of Event

Date: _____

Authorized Church Representative

Date: _____