

# Use of Facility Request Form

DATE OF REQUEST \_\_\_\_\_

First Congregational Church, UCC  
431 South 3<sup>rd</sup> St.

Elkhart IN 46516 (574) 295-8306 E-mail: office@firstucelkhart.org  
Web: www.firstucelkhart.org

Name of Group/Organization \_\_\_\_\_

Is your Group/Organization Not-for-Profit? \_\_\_\_\_

Number of persons expected in attendance: \_\_\_\_\_ (see other side for room & fees).

Will you be meeting "One Time, Weekly or Monthly"? \_\_\_\_\_

List ALL Dates (Ex: Monday, January 26, 2015 OR Saturday, February 28, 2015)

\_\_\_\_\_  
\_\_\_\_\_

Purpose of event: \_\_\_\_\_

Start Time (incl. set-up) \_\_\_\_\_ AM / PM End Time: \_\_\_\_\_ AM / PM

Are chairs needed? \_\_\_\_\_ How many? \_\_\_\_\_

Are tables needed? \_\_\_\_\_ How many? \_\_\_\_\_ (each table can seat 8 comfortably or 10 max.)

Will you be using any other type of equipment? \_\_\_\_\_

\_\_\_\_\_

Will you be bringing any equipment with you? Please list: \_\_\_\_\_

\_\_\_\_\_

Will you be using any type of decorations? Please list and explain how you will be attaching?

\_\_\_\_\_

\_\_\_\_\_

Name of person requesting Facility Use \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**CHURCH FACILITY ROOM FEES (Non-Affiliated Only)**

_____ Royce Room*	(\$60.00)	seating - 60 w/ tables 80 w/o tables * after 2pm on Sunday
_____ Social Hall	(\$100.00)	seating - 100-125 w/ tables
_____ Sanctuary	(\$100.00)	
_____ Ellis Room	(\$50.00)	seating - 40 w/ tables 60 w/o tables
_____ Martin Parlor	(\$30.00)	seating - 20
_____ Kitchen *	(\$50.00)	available Friday evening to Sunday evening only

**NOTE:** When an event is held by an “**Active member or constituent**” there will be “no charge” for the room. *Member – someone who has officially joined the church / Constituent – someone who attends and contributes regularly.*

**However, EVERYONE [including members and constituents] pays a Maintenance Fee for non church sponsored functions:**

for the use of heat / air conditioning / electric / lights and cleaning if necessary.

**MAINTENANCE FEES:**

_____ For use of Facility	<u>Members &amp; Constituents</u>	<u>Non-Affiliated</u>
(Up to 100 persons)	\$35.00	\$ 50.00
(Over 100 persons)	\$50.00	\$ 75.00

**ALL FEES must be paid at the Church Office PRIOR to the Event!**

NOTE: YEARLY CONTRACT RATES MAY BE NEGOTIATED

Approval by the Pastor: \_\_\_\_\_

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The scheduling for the “use of” all church facilities is performed by the Campus Coordinator.

All requests for church facilities must be on file in the Church Office 2 WEEKS prior to the event.

\_\_\_\_\_ **Date** \_\_\_\_\_  
**Signature** of responsible person for the Group / Organization

\_\_\_\_\_  
**Title / Position** held with Group / Organization

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**ACTION TAKEN BY CAMPUS COORDINATOR:**

This Request is: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

Room(s) Assignment \_\_\_\_\_ Fee \_\_\_\_\_

Maintenance Fee (REQUIRED) \_\_\_\_\_ Fee \_\_\_\_\_

**TOTAL FEES** \_\_\_\_\_

**Approved by Campus Coordinator:** \_\_\_\_\_ **Date** \_\_\_\_\_