

FEE SCHEDULE AND RESERVATION FORM

Please complete this form and return to:
Include deposit if applicable

Facility Reservations
 Christ Church United Methodist
 4614 Brownsboro Road
 Louisville, KY 40207

Room	Non-Member Rate	Member Rate
Sanctuary	N/A	\$440
Chapel	N/A	\$260
Fellowship Hall Meeting only (no food)	\$900 \$500	\$480 under 200; \$630 200+ \$250 under 200; \$320 200+
Parlor	\$190	\$100
Café	\$130	\$70
Gymnasium (<i>Certificate of Ins. Required</i>)	\$130	\$70
Conference Room	\$70	\$30
Classrooms	\$70	\$30
Youth Center/The Stream (<i>Certificate of Ins. Required</i>) Event only (no food) <i>(\$100 Refundable Deposit is required for Overnight Groups)</i>	\$120 \$70	\$70 \$30

1-2023

Additional Fees That May Apply

Parking Lot Fees \$_____ per hour

Caterer _____ Certificate of Insurance is required if they are staying onsite / Must be pre-approved by Christ Church

A 50% non-refundable deposit is required to confirm reservation.

The Board of Trustees reserves the right to change fees for any event or to review fees for revision at the written request of the party involved. Fee schedule is based on a maximum of four hours.

_____ requests use of _____
 (Individual or group) (room)

for _____ on _____
 (purpose) (enter single date event or *recurrences*)

from _____ to _____ The rate for such use is \$ _____
 (time) (per chart above)

A payment of \$ _____ is required and will be paid no later than _____
 (amount) (date)

The balance of \$ _____ will be paid on the day of the event or at negotiated intervals.
 (amount)

_____ Contact Name: _____ Phone: _____ Email: _____

Please attach a certificate of insurance to this form before returning.

I have read the Facility Use Policy & Procedures and agree to comply with those and all terms and conditions of this facilities agreement.

Signature _____ Date: _____