

EVENT RESERVATION FORM

UNIVERSITY AVENUE CHURCH OF CHRIST

1903 University Avenue, Austin, TX 78705

Ginger Nelson, Event Coordinator: 512.796.5334 gingernelson@gmail.com

Name: _____ Phone: _____

Address: _____

Email: _____ UA Church member

Date(s) of Event _____ Time: _____

Nature of Event: _____

FACILITIES RESERVED:

FEES:

___ Church Sanctuary \$ _____

___ Chapel \$ _____

___ Activities Center \$ _____

___ Campus Center \$ _____

___ Classroom(s) \$ _____

___ Nursery \$ _____

___ Parking Lot \$ _____

Total Reservation Charges: \$ _____

Reservation Deposit (50% of reservation) \$ _____

Security Deposit \$500

Total Amount: \$ _____

Your reservation is not confirmed until this form and deposits have been received.

I have read the Facility Use Guidelines and agree to comply with all parts of such guidelines. We agree to notify assistants, suppliers, and all parties of these guidelines. I am fully responsible for compliance to guidelines and the payment of all fees.

Signature: _____ Date: _____

Event Coordinator: Ginger Nelson Date: _____