

CALVARY BAPTIST CHURCH

FACILITY USE APPLICATION 11.1

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Work Number: _____

Email address: _____

Date(s) of Use: _____ Start Time: _____ End Time: _____

Purpose of Event: _____

Number of people expected: _____ Open to the Public? Yes No

Number of Adults: _____ Number of Minors: _____

Is there an admission charge? Yes No If Yes, how much? _____

What space is needed (fellowship hall, chapel, youth room, etc.)? _____

The following fees may apply:

Utilities: \$70 per hour

Custodial \$100

Damage Deposit \$100

Total Fees Due _____

Deposit Received _____

Balance Due _____

Half of the Total is required in order to reserve the date and space. Full payment must be made two weeks prior to the event.

Refunds will be made with two weeks notice of cancellation.

Signature of the applicant indicates acceptance of the church building use procedures and rules.

Applicant: _____ Date: _____

Church Administrator: _____ Date: _____