

ROUND ROCK PRESBYTERIAN CHURCH
 FACILITY, EQUIPMENT, OR PROPERTY USAGE FORM FOR FUNERALS

Name of Deceased _____

Date of Funeral _____ Reception (Y/N) _____

Start time _____ Start time _____

Number of Guests Expected _____

For the Funeral we provide the Sanctuary, the Narthex (Gathering Area) and the Library (for the Family only).

If the Family would like to have an audio/visual presentation prior to or during the service, the media needs to be given to the Sound Technician prior to the day of the funeral.

Information of the Family of the Deceased:

Name: _____

Address: _____

City/Zip _____

Phone _____ Email _____

Reception will be hosted in the Narthex _____ Fellowship Hall _____

The Family will pay the following fees for services:

	Members	Non-Members
Sanctuary Building Fee	\$_____	\$_____
Pastor	250	250
Pianist (if needed)	150	150
Music Director (if needed)	150	150
Event Coordinator (required)	150	150
Sound Technician (required)	50	50
Brochures	no charge	_____
Fellowship Hall/Kitchen	_____	_____
 Total Cost for Funeral/Reception	 _____	 _____

Required fees are due at the time of the signing of this contract. Individual checks are made out to the Pastor, Pianist and/or Music Director. The balance of the fees is paid in a check made out to Round Rock Presbyterian Church.

Parking – Parking is available in our main parking lot and in the small parking lot in front of our Christian Education Building. Please park only in designated parking spots. Unmarked/fire lanes are for loading and unloading only.

Set up and clean up is the responsibility of the Family hosting the funeral. We ask that all buildings be returned to the condition that they were found. Decorations will need to be removed at the end of the event. Flowers may be left in the Sanctuary for the next Sunday worship service. Tables and chairs are available for use in the Fellowship Hall for the Reception. Family will provide their own table coverings, serving dishes, paper goods, etc. It is understood by the Family that all costs incurred to restore facilities or property to its original condition, prior to use, or to repair or replace damaged or missing equipment, will be paid by the person(s) signed below.

Signature below implies agreement to the terms of this usage form and the fees presented.

Family or Responsible Party	Date	Printed Name
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Event Coordinator	Date	RRPC Approval Signature	Date
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