

Use of Church Facilities Application

Westminster Presbyterian Church

2155 University Avenue, Dubuque IA 52001
563-583-1729

Office Use: M Tu W Th F Sa Su
Date of Event: _____
Time of Event: _____
Repeating Event? Yes / No

Date of Request _____ Key Issued Insurance Filed **Member:** Yes / No (circle one)

Required Information		
Name	Function/Organization	
Address, City, State, Zip		
Email Address	Phone	Alternate Phone

Reservation Details			
Date(s):	Frequency (i.e. daily, weekly, monthly)	Start Time <small>Allow time for setup</small>	End Time

Event Title and Description:

Room Requested Per Diem (*lower level):

- | | | | | |
|--|---|---|---|---|
| <input type="checkbox"/> Fellowship Hall
NC / \$100 / \$175 | <input type="checkbox"/> Sanctuary (\$100) | <input type="checkbox"/> Work Rm (\$25) | <input type="checkbox"/> Library Rm (\$10) | <input type="checkbox"/> K-2 Grade Rm* (\$10) |
| <input type="checkbox"/> Kitchen Incid. (NC) | <input type="checkbox"/> Board Rm (\$25) | <input type="checkbox"/> Choir Rm* (\$10) | <input type="checkbox"/> Nursery (\$25) | <input type="checkbox"/> 3-5 Grade Rm* (\$10) |
| <input type="checkbox"/> Kitchen (\$75) | <input type="checkbox"/> Conference Rm (\$25) | <input type="checkbox"/> Narthex (\$10) | <input type="checkbox"/> Preschool Rm* (\$10) | <input type="checkbox"/> M. School Rm* (\$10) |

Equipment Requested:

- | | | | | |
|---|--|--------------------------------------|---|--|
| <input type="checkbox"/> TV/VCR/DVD (\$10) | <input type="checkbox"/> Microphone (\$10) | <input type="checkbox"/> Podium (NC) | <input type="checkbox"/> Portable Screen (NC) | <input type="checkbox"/> Overhead Projector (\$15) |
| <input type="checkbox"/> Digital Projector (\$30) | <input type="checkbox"/> Music Stand (NC) | <input type="checkbox"/> Easel (NC) | <input type="checkbox"/> White Board (NC) | <input type="checkbox"/> Sanctuary Microphones \$15 ea |

Musical Equipment Requested: (must have prior permission from the Office staff and/or organists)

- Organ Sanctuary Piano (\$20/25) Fellowship Hall Piano (\$20) Music Stands (specify number: _____)

Other Room Usage Information

Approx. Number of People Attending: _____ Music Stand (NC) Podium (NC)

Will food be served? Y / N We will be: Supplying our own dishes and utensils (NC as indicated above).
 Using the church supply of dishes, silverware, and paper products and/or appliances (\$75 as indicated above).

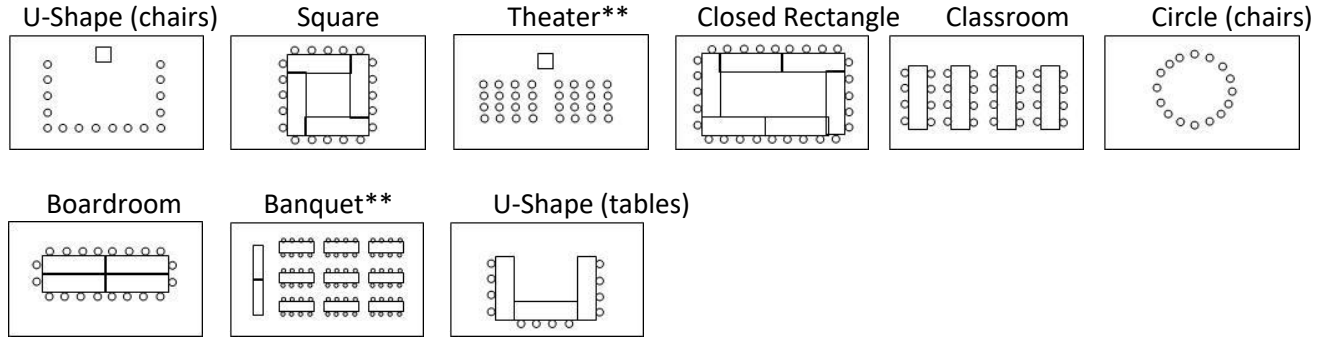
Will you need help with setup?
(\$35/hr. custodial fee) 2hr. min. Y / N
(\$70) on weekends

(see opposite side for setup request information)

Setup Request Information:

Number of Chairs Needed: _____	Number of Tables Needed: _____	<input type="checkbox"/> Round (Fellowship Hall only; seat 8) <input type="checkbox"/> Rectangle (seat 4/side, 1/end)	<input type="checkbox"/> Round tablecloths (must pay for dry-cleaning after event)
--	--	--	--

Selected Set-Up Diagram:



**Fellowship Hall only

If desired room set up is not shown, please describe and diagram below:

The signatory, by signing this agreement, freely states that as an individual and recognized representative of the group or organization intending to use WPC facilities, agrees to release Westminster Presbyterian Church from all liability and hold harmless Westminster Presbyterian Church, its employees and its members from any claim for damages and further agrees not to bring any legal action against Westminster Presbyterian Church, its employees or its members for any event or incident that may occur while using Westminster Presbyterian Church facilities covered by this agreement. **The Signatory, Users and Groups will be financially responsible for any damage to the facility or its contents. The Signatory, Users and Groups agree to pay for repair or replacement of any church property that is damaged, missing or destroyed. The Signatory, Users and Groups will be held financially liable and agree to pay for the cost of replacing keys and/or the re-keying of ALL LOCKS affected by the missing key(s).**

I have read the above "Facilities Use Policy" and agree to all of its provisions as stated.

Authorized Rep. (Please Print)

Authorized Rep. Signature

Date

Office Use:

Permission granted by: _____	Date: _____	Added to calendar? _____
Rental Fee: _____	Date paid: _____	Copied to custodian? _____