

**HILLSIDE CHRISTIAN CHURCH
FACILITY RESERVATION REQUEST**

Today's Date: _____

Person/Group Applying: _____

Responsible Person If Group: _____

Your Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Tax ID Number (Group): _____

Activity/Purpose Of Event (If Charitable, Explain): _____

Number of people expected to attend: _____

Reservation Date: _____ Time Of Use From: _____ To: _____

Agreed upon cost of renting facilities _____

Request Is For Use Of The Following Area(s):

Sanctuary

Chapel

Fellowship Hall

Kitchen

Gym

Educational Building, Room(s): _____

Community Rooms A 3/4

There Is A \$100.00 Refundable Security Deposit Required For The Gym

1. Every time the alarm system (fire or security) is set off \$50.00 will be deducted from the security deposit.
2. If the settings on the thermostats (heating or cooling) are changed the security deposit will be forfeited by the renter.
3. The group will leave the gym promptly at the stated time in this form. For every fifteen (15) minutes beyond closing time, \$25.00 will be deducted from the deposit.
4. The security deposit will be paid in cash (or by check two weeks before event). Refund will be by check within seven (7) working days following said event.

In signing this request I (we) affirm that I (we) have received and read the **Policies, Procedures & Guidelines for a wedding at Hillside Christian Church**. I (we) accept these policies and will abide by them. I (we) assume all responsibility for the area(s) that I (we) request. If there is damage as a result of my (our) meeting I (we) will pay all costs of repairs within thirty (30) days. If staff services have to be given because of my (our) meeting I (we) will pay all costs. I (we) further agree to arrive and leave promptly at the times I (we) designated. I (we) agree to pay all fees no less than seven (7) days in advance of said event.

I (we) will not hold Hillside Christian Church responsible for any loss or for any accident(s). I (we) assume all liability for any loss and/or accident that may occur at my (our) meeting/activity. I (we) understand that a violation of the church's policies will be cause of cancellation of my (our) privileges to use the church's facilities and forfeiture of part or all of my (our) deposit.

Signature

Official Position

There Is A \$100.00 Refundable Security Deposit Required For The Gym

1. Every time the alarm system (fire or security) is set off \$50.00 will be deducted from the security deposit.
2. If the settings on the thermostats (heating or cooling) are changed the security deposit will be forfeited by the renter.
3. The group will leave the gym promptly at the stated time in this form. For every fifteen (15) minutes beyond closing time, \$25.00 will be deducted from the deposit.
4. The security deposit will be paid in cash (or by check two weeks before event). Refund will be by check within seven (7) working days following said event.

In signing this request I (we) affirm that I (we) have received and read the **Policies And Procedures For Use Of Church Facilities**. I (we) accept these policies and will abide by them. I (we) assume all responsibility for the area(s) that I (we) request. If there is damage as a result of my (our) meeting I (we) will pay all costs of repairs within thirty (30) days. If staff services have to be given because of my (our) meeting I (we) will pay all costs. I (we) further agree to arrive and leave promptly at the times I (we) designated. I (we) agree to pay all fees no less than seven (7) days in advance of said event.

I (we) will not hold Hillside Christian Church responsible for any loss or for any accident(s). I (we) assume all liability for any loss and/or accident that may occur at my (our) meeting/activity. I (we) understand that a violation of the church's policies will be cause of cancellation of my (our) privileges to use the church's facilities and forfeiture of part or all of my (our) deposit.

Signature

Official Position