Lemoore Presbyterian Church Facility Use Agreement and Release Form

Contact Person's Name: Day Phone:	Name of Organization:		
Contact Person's Name:	Responsible Person:		
Fax: Email: Cell Phone:	Address:		
Organization's Purpose: Date(s) Requested: Start Time: Frequency: One Time Only Weekly Monthly Other: Which day of the week: Mon Tue Weekly Monthly Other: Which day of the week: Mon Tue Weekly Monthly Other: Which day of the week: Mon Tue Weekly Monthly Other: Which day of the week: Mon Tue Weekly Monthly Other: Which day of the week: Mon Tue Weekly Monthly Other: Which day of the week: Mon Thus Weekly Monthly Other: Which day of the week: Mon Thus Weekly Monthly Other: Which day of the week: Monthly Other: Which day of the week: Monthly Other: Which day of the week: Monthly Other: Mean Sanctuary (and the type of eventy of exercise the facilities, please note: Facilities Requested Sanctuary (and the type of event you would like to bring to our facility: Facilities Requested Sanctuary (and the type of event you would like to bring to our facility: Facilities Requested Sanctuary (and the type of event you would like to bring to our facility: Facilities Requested Sanctuary Facilities Requested Sanctuary Sanctuary Which or and large group meeting room) Kitchen Meeting Room Other (list: Anticipated Number of Participants: Will food or drink be consumed? Yes No Special Needs or Requests: Fees For members of Lemoore Presbyterian Church there is a \$100 refundable security deposit payaft at the time of reservation. I have read and understood the terms and conditions of the Facilities Use Policy for Lemoore Presbyterian Church, and I agree to abide by all the conditions set forth.			
Date(s) Requested: Start Time: End Time: Frequency: One Time Only Meekly Monthly Other: Which day of the week: Mon Tue Weekly Monthly Other: Which day of the week: Mon Tue Weekly Thurs Fri Sat Sun If there is a member of Lemoore Presbyterian Church who is also a member or associate of the applying group and who will accept responsibility for directing the proper use for the facilities, please note: Church Member Phone: Email: General Information Describe in detail the type of event you would like to bring to our facility: Facilities Requested Sanctuary (With or Without piano/organ or sound system) Fellowship Hall (large group meeting room) Kitchen Meeting Room Other (list: Anticipated Number of Participants: Will food or drink be consumed? No Special Needs or Requests: Fees For members of Lemoore Presbyterian Church there is a \$100 refundable security deposit payaft at the time of reservation. I have read and understood the terms and conditions of the Facilities Use Policy for Lemoore Presbyterian Church, and I agree to abide by all the conditions set forth.			
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Presbyterian Church, and I agree to abide by all the conditions set forth.			\$100 refundable security deposit payable
Signature of Responsible Party: Date:			
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