

Lemoore Presbyterian Church Facility Use Agreement and Release Form

Name of Organization: _____

Responsible Person: _____

Address: _____

Contact Person's Name: _____ Day Phone: _____

Fax: _____ Email: _____ Cell Phone: _____

Organization's Purpose: _____

Date(s) Requested: _____ Start Time: _____ End Time: _____

Frequency: One Time Only Weekly Monthly Other: _____

Which day of the week: Mon Tue Wed 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? Yes No

Special Needs or Requests:

Fees

For members of Lemoore Presbyterian Church there is a **\$100 refundable security deposit** payable 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.

X Signature of Responsible Party: _____ Date: _____