DATE: _____

FIRST PRESBYTERIAN CHURCH
840 South 17th Street
Lincoln, Nebraska 68508
(402) 477-6037

REQUEST FOR BUILDING USE

EVENT: _____

ORGANIZATION: _____

EVENT DATE(S): _____EVENT TIME: (beginning - ending): _____

CONTACT PERSON: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

ALTERNATE CONTACT: _____ PHONE: _____

PERSON RESPONSIBLE FOR OPEN/CLOSE/CARE OF BUILDING_____ CELL #_____

ROOM(S):

- ❑ SANCTUARY
- ❑ CHAPEL
- ❑ COURTYARD
- ❑ ROUSSEAU
- ❑ GREAT HALL
- ❑ EAST ENTRANCE
- ❑ GYM
- ❑ Rm #_____
- ❑ FELLOWSHIP HALL
- ❑ CLASSROOM
- ❑ NURSERY

Fee: $ _____ (See Building Use Policy)

Groups that use specific equipment for their activities are expected to bring, set up, and remove equipment themselves. This should not involve church staff. If church supplies and equipment or custodial services are requested and approved for use, additional fees will be collected.

First Presbyterian Church requires a certificate of liability insurance to be provided with this signed form.

NUMBER OF PERSONS: _____

FOOD TO BE SERVED: ❑ YES ❑ NO

FOOD TO BE PREPARED ON SITE: ❑ YES ❑ NO

If yes, will kitchen or kitchenette be used: ❑ KITCHEN ❑ KITCHENETTE Fee: $ _____

TOTAL: $ _____

SET UP:

Tables: Round _____ Rectangle _____

Set-up Style _____ (see sample page) Other _____

Sound System _____ Piano/Organ _____

Groups using the building are responsible for providing their own coffee, punch, or other refreshment items and for making their own coffee and beverages. If assistance is required from staff or custodians, special arrangements need to be made.

Optional Items (Additional fees may apply) *Specify what is needed and where:*

- ❑ Tables & Chairs (excessive set-up)
- ❑ Music stands
- ❑ TV/DVD
- ❑ TV/DVD
- ❑ Coffeepots, pitchers, coolers, kitchen equipment
- ❑ AV Equipment (projector and/or sound)
- ❑ Other: _____

First Presbyterian Church groups only: *Specify what is needed and where:*

- ❑ TV/DVD
- ❑ Tablecloths
- ❑ Silverware chest
- ❑ Paper products (plates, cups, napkins, table covering, placements)
- ❑ Plastic silverware
- ❑ Punch bowls
- ❑ Silver service
- ❑ Other: _____

NOTES:

_____

_____

I, the undersigned representative of the group or activity "requesting use of" the facility of First Presbyterian Church, understand the guidelines, expectations, and restrictions outlined in the building reservation and usage policies of the church. I will be responsible for communicating these policies to my group and ensuring that they are followed. If parties associated with the group making this reservation are found to be in violation of these policies, I understand that **any fees paid** will be non-refundable and my group may not be allowed to utilize the facilities of First Presbyterian Church in the future.

_____ _____

Signed Date

********** **OFFICE USE ONLY** **********

_____

Approved

_____ _____

Session Representative Date

Certificate of Liability Form Provided: ❑ **YES**
Form is not complete without Certificate of Liability

Fees Collected:		**Fees Returned:**	
Cleaning & Damage Deposit ($100):	**$_____**	**$_____**	**Check #_____**
Alarm Deposit ($250):	**$_____**	**$_____**	**Check #_____**
Room Fees:	**$_____**	**$_____**	**Check #_____**
Additional:	**$_____**	**$_____**	**Check #_____**

Total Fees Collected: $_____ **Date Received:**_____ **By:**_____

LOCK/UNLOCK ELECTRONIC DOOR LOCKS:
East Doors: Unlock: _____ Lock: _____
West Doors: Unlock: _____ Lock: _____

HARD LOCK/UNLOCK DOORS:
East Doors: Time _____ Person Responsible _____
West Doors: Time _____ Person Responsible_____

FOB NEEDED: ❑ YES ❑ NO If Yes: Fob Number: _____ Issued to: _____ Returned _____