

Christian Reformed Church
395 North Cedar Street, Imlay City, MI 48444
810-724-4315

REQUEST FOR USE OF CHURCH FACILITIES

Keep a copy for your records.

FACILITY USE FORM FOR

Meetings – Room Use

For Council Use
cc to office secretary
Approved: Yes / No
By WHOM: _____
Date Notified: _____
By Whom _____

Name of contact person: _____

Facility to be used for the purpose of: (Circle One)

Meeting _____ (Weekly _____ Monthly _____ As Scheduled – attached or called in _____
Other: _____

Request to use the following: (check all that apply). In signing below I/We understand that we have been approved only for the rooms checked and agree to honor the procedure of submitting another request form requesting specific rooms in the future if I/We feel the need for more. I/We also understand that the authority for such approval is through the procedure stated in this form, given by the Council of ICCRC and will not seek approval from members of the church. The Council room, offices, library, and a.v. room are unavailable for use.

- Room as Assigned by Office Fellowship Hall Nursery Kitchen

Remember also that our custodian cleans on Thursday evening for Sunday services (please avoid Thursday Evening events if possible). It is important to clean-up well when using the facility. The Facility will be vacated no later than 9 pm.

Event Day/Date: **circle one** M TU W TH F SA

Weekly: _____ Monthly: _____ Other Cycle Description: _____

Month: _____ Day: _____ Year _____ Time: _____ am/pm to _____ am/ pm

I/We agree to abide by the policies of Imlay City Christian Reformed Church and understand fully the cost and other related responsibilities involved in renting the church building, equipment, and property owned by the church

Signed: _____ Name (Please Print): _____

Contact's Phone: _____

Fee Information:

Deposit Fee: \$100 Fee \$ _____

Send Donation separate from the Deposit Check. We require a deposit in case of damages or lack of clean-up.

Deposit Required: \$100 send w/Request Form – the deposit will secure the date upon approval.

For Office Use Only: Deposit Received on _____ **Fee Received:** _____ **Date:** _____