

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  
*One Time Meeting – Room Use*

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| <b>For Council Use</b><br>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 Meeting

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.

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| <b>Event Day/Date:</b> <b>circle one</b> M    TU    W    TH    F    SA |
| 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: \_\_\_\_\_

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| <b>Fee Information:</b>  |
| <b>Deposit Fee: \$100</b> Fee \$ _____   |
| Send fee separate from the Deposit Check. We require a deposit in case of damages or lack of clean-up.       |
| <b>Deposit Required: \$100</b> send w/ <u>Request Form – the deposit will secure the date upon approval.</u> |
| <b>For Office Use Only: Deposit Received on</b> _____ <b>Fee Received:</b> _____ <b>Date:</b> _____          |

NOTE: FOR \$75.00 (\$25 LESS) WITH AGREEMENT TO HAVE YOU SETUP AND TAKE DOWN AND FOLLOW THE "CLEANING CHECKLIST" please initial here is you want this option