

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.

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

MEMBER *FAMILY* USE FORM with agreement to follow "Cleaning Checklist"

Name of person or group: _____

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

Family Dinners	Birthday Party	Anniversary Party	Wedding Shower
Baby Shower	Open House	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.

Fellowship Hall Kitchen Nursery Other: _____

Often times, a set-up time is needed. Please try to keep use time to the minimum you need. 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
Month: _____	Day: _____	Year _____	Time: _____	am/pm to _____	am/ pm		
We have someone who can let us in with their key. _____							
We do not have a key person. Doors to be unlocked by: _____ am/pm for set-up.							

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. **I/We understand that we responsible for clean-up as stated on the form titled: "Cleaning Checklist".**

Signed: _____ Name (Please Print): _____

Address: _____ City/Zip Code: _____

Telephone Home: _____ Work _____

Fee Information:

Suggested Donation: \$25 (separate check from the deposit check)

We require a deposit in case of damages or lack of clean-up.

Deposit Required: \$50 send w/Request Form – the deposit will secure the date upon approval.

For Office Use Only: Deposit Received Date _____ Donation Received: \$ _____ Date: _____