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

For Council Use
cc to office secretary

Approved: Yes / No

By WHOM: _____

Date Notified: _____

By Whom_____

REQUEST FOR USE OF CHURCH FACILITIES
Keep a copy for your records.

MEMBER *FAMILY* USE FORM
with Custodial cleanup

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

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.

☐ Sanctuary ☐ Fellowship Hall ☐ Nursery ☐ Kitchen

Often times, a set-up time or prior day 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). 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. We agree to the fee as payment for securing the church's custodian for cleanup.

Signed: _____Name (Please Print): _____

Address: _____City/Zip Code: _____

Telephone Home: _____Work _____

Fee Information:

Total Fee: **$50** (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 _____
Fee Received: $_____ Date: _____