

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.

|   |
|---|
| <b>For Council Use</b><br>cc to office secretary<br>Approved: Yes / No<br>By WHOM: _____<br>Date Notified: _____<br>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

|   |                   |            |                                   |   |    |   |    |
|---|-------------------|------------|-----------------------------------|---|----|---|----|
| <b>Event Day/Date:</b>  | <b>circle one</b> | 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: \_\_\_\_\_