

COWEE BAPTIST CHURCH

Adopted: APRIL 27, 2014

Non-Church Member

Facility Use Application

Today's Date: _____

Date of Event: _____

Time of use: _____

Type of Event: _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone Number: _____

If Religious Event: Minister's Name: _____ Phone #: _____

Name/denomination of church minister serves: _____

Facility(s) Requested: Sanctuary Fellowship Hall Kitchen Crossover Area The Hub

Estimated Number of Participants: _____

Fees for Non-Members for Use of Facility

Reservation & Compliance Fee: \$500.00 (Paid at time of application, refundable)

Sanctuary: \$300

Fellowship Hall: \$800

Kitchen: \$100

Crossover Area: \$300

The Hub: \$100

Fees for Non-Members for Clean Up

Sanctuary: \$250

Fellowship Hall/Kitchen: \$250

Crossover Area: \$250

The Hub: \$50

Additional fees for Non-Members (Paid by applicant directly to individual)

AV/Sound Tech: \$50.00 (Only Cowee trained/approved techs may operate systems)

Organist/Pianist: \$50.00

With the signing of this application, the user indicates he/she has read and will adhere to the policy guidelines and procedures, as listed in the Building Usage Policy, for use of the facility requested and understands:

- The church reserves the right to determine availability of facilities for use.
- The user will be responsible for & agrees to pay for damages done to the property beyond ordinary wear & tear.
- Non-church related events can only use kitchen equipment under the supervision of the Special Events Coordinator or a volunteer appointed by the Kitchen Committee.
- The user must present a copy of insurance coverage which will cover any injury/injuries which may occur while on church property and agree to waive any litigation against the church for any injury/injuries which might occur while on church property.

Signature of Applicant: _____ **Date:** _____

FOR OFFICE USE ONLY:

\$500.00 Reservation & Compliance Fee Paid On: _____ Check Number: _____

Amount of Reservation & Compliance Fee Refunded: _____ Date Reservation & Compliance Fee Refunded: _____

Event and Date Cleared and Approved: Yes No

Copy of Insurance Presented: Yes No

Fees Paid:

Use of Facilities \$ _____ Date & Check # _____

Clean-Up Fees \$ _____ Date & Check # _____

Signature of Pastor or Person Giving Approval

Date