

**CALVARY EVANGELICAL FREE CHURCH
APPLICATION FOR USE OF CHURCH FACILITIES**

Name of Organization / Family: _____

Address: _____

Contact Person: _____ Phone: _____

Email: _____

Purpose for Use: _____

Date(s): _____ Starting Time: _____ Ending Time: _____

Anticipated Time for Set up: _____ hours (or) _____ minutes

Anticipated Time for Clean up: _____ hours (or) _____ minutes

Number of Participants Anticipated: _____

Requested Room(s) _____

***Sound system /Equipment needs (qualified, trained technicians will require compensation of \$50 for the first hour and \$30 for each additional hour needed per event). Yes No N/A**

***Additional \$50 Custodial fee**

Building Rental Fee: Non-Attender: \$300

Does the organization / family have liability insurance? Yes No N/A

RULES & REGULATIONS OF CEFC

- No **alcoholic beverages, tobacco or illegal substances** are allowed on Calvary Evangelical Free Church premises.
- All groups are expected to leave the facilities in the same or better condition in which they were found. All equipment, table, chairs, etc. are to be placed in the original positions.
- All groups must provide their own consumables including paper products and beverage products.
- Any damages incurred to the Calvary Evangelical Free Church facility or equipment will be charged to the organization / family.
- You are responsible for any computer/video editing of a presentation used in our facility. No CEFC equipment will be used for production or editing purposes.
- You may not remove any Bibles or other literature from the Worship Center chairs.
- You must secure your own decorations/table linens/etc. for your event at CEFC.

It is understood that use of CEFC facilities need to remain as found. I / we agree to abide by all of the above rules and regulations of Calvary Evangelical Free Church. We also agree to pay the required fees one week before the scheduled event. By signing this document I understand that I am solely and entirely liable for any and all personal injury and property damage that may occur during this rental.

Signature _____ Date _____

Please return this completed form to:

Sarah Musser/ Administrative Assistant
Calvary Evangelical Free Church
305 4th St. SW
Rugby, ND 58368

Request Approved

Request Denied

Elder's Signature _____