

NEW COVENANT UCC APPLICATION FOR USE OF FACILITIES

Name of Group or Individual _____

Address _____

City and State _____

Phone # _____

Is Group Non-Profit? _____ State Purpose of Organization _____

Does Group have Liability Insurance? _____ If yes, please State Name and Address of Insurance Company and Provide a Certificate of Liability Insurance, naming New Covenant UCC as a Certificate Holder:

Date(s) Requested _____ Time of Event _____ until _____

Type of Event _____

Facilities Needed:

<input type="checkbox"/> Fellowship Hall	<input type="checkbox"/> Kitchen (light food prep only)
<input type="checkbox"/> Kitchen (use of most equipment)	<input type="checkbox"/> Meeting Rooms
<input type="checkbox"/> Lounge	<input type="checkbox"/> Community Room
<input type="checkbox"/> Other _____	

Note: Use of the facilities shall be under strict supervision. The placing and removal of tables, chairs, and the cleaning of the kitchen equipment shall be the responsibility of the requesting group.

ALCOHOLIC BEVERAGES, TOBACCO, AND STYROFOAM PRODUCTS ARE PROHIBITED ON THE PREMISES.

A donation to New Covenant UCC would be appreciated. Please allow 15 days for approval.

We are a Creation Justice and Safe Place/Space Church. Policies are available in the Narthex-Church Lobby.

Signature _____ Date _____

Church Use Only:

Room Assigned _____ Time Allowed _____

Approval Dates:

Secretary' Calendar _____

Executive Committee _____