

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:

_____ Fellowship Hall

_____ Kitchen (light food pep only)

_____ Kitchen (use of most equipment)

_____ Meeting Rooms

_____ Lounge

_____ Community Room

_____ 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_____