

## Request for Use of Church Facilities

Original version approved 11/15/09, Revised 1/25/19

Date of request: \_\_\_\_\_

### Section A: REQUEST

Date facilities needed: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Please check the space(s) you are reserving for your event:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Narthex             | <input type="checkbox"/> Fellowship Hall   | <input type="checkbox"/> Gathering Place |
| <input type="checkbox"/> Sanctuary           | <input type="checkbox"/> Choir Room        | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Session Room (C200) | <input type="checkbox"/> Fellowship Hall 2 | _____                                    |
| <input type="checkbox"/> Large Kitchen       | <input type="checkbox"/> Classroom C_____  |  |

Name of person/organization for which request is made: \_\_\_\_\_

a. Name of person making request: \_\_\_\_\_

b. Member of Kirk of Kildaire:  Yes  No

c. Address: \_\_\_\_\_

d. Telephone number (daytime): \_\_\_\_\_ (night): \_\_\_\_\_

e. Cell phone number: \_\_\_\_\_

g. E-mail address: \_\_\_\_\_

### SECTION B: ORGANIZATION INFORMATION

Organization contact name, address, telephone numbers (if different from requester):

\_\_\_\_\_

Description of Request (include type of activity, purpose of activity): \_\_\_\_\_

\_\_\_\_\_

Number of participants expected: \_\_\_\_\_

Will food and/or drinks be served?  Yes  No

**\*\*First-time requesters**, please describe the nature and purpose of your organization. On a separate sheet of paper, please give a brief history of the organization (particularly in the Raleigh-Cary area), your website if applicable, and list two or more references (please provide names and telephone numbers).

Are you non-profit?  Yes  No

Will tickets be sold on the premises?  Yes  No If so, what is charge? \_\_\_\_\_ (*Session must approve*)

**Facility Use Priorities:** The Kirk has designated five categories for groups that use the Kirk. Please read below and mark which category you believe your group fits in. Any questions can be directed to the church office or the pastors.

- First Priority Activities:** Kirk-sponsored activities, planned by the church and its members, mainly for the congregation or for Session-approved community outreach.
- Second Priority Activities:** Kirk member activities, planned by members of the congregation, but not planned primarily for the people of the church.
- Third Priority Activities:** Activities of other churches and Christian organizations, planned by and for the participants of other Christian churches or organizations.
- Fourth Priority Activities:** Community service activities involving no specific Christian affiliation, but which do not conflict with the principles of the Kirk.
- Fifth Priority Activities:** Activities by for-profit groups or individuals, where the activities are in harmony with the mission of the Kirk and in the interest or general welfare of the church and/or the surrounding community.



If your group falls into this category, please explain how you align with the mission of the church.

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**SECTION C: REQUIRED RELEASES**

I have read, understood, and will comply with the rules regarding use of the facilities, including use of the kitchen and Fellowship Hall at Kirk of Kildaire, Presbyterian, and I will ensure that the information in these rules are communicated to and complied with by all individuals attending activities at above requested event or providing services to guests at this event.

I hereby accept liability for the activity to be conducted by *(name of Group)* \_\_\_\_\_  
 on *(date)*: \_\_\_\_\_

I agree to indemnify, defend and hold harmless the Kirk from any and all actions, causes of action, claims, judgments, loss, liability, damage or cost (including attorney’s fees) the Kirk may incur due to Using Group members or their/its guests while on Kirk property.”

**Signed Responsible Party:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I understand that the Kirk does not offer setup or break down. Initial:** \_\_\_\_\_

**I understand that the Kirk expects ALL rooms to be returned to the original setup. Initial:** \_\_\_\_\_

**I understand that all food and trash must be removed from the premises after the event. Initial:** \_\_\_\_\_

**SECTION D: Please submit**

- Proof of insurance
- Proof of Non-Profit Status *(if applicable)*
- Refundable Facility use security deposit \$100 \_\_\_\_\_
- Non-Refundable Facility use fee (all rooms) \$75/hr \_\_\_\_\_
- Non-Refundable Kitchen fee (covers 4 hours) \$100 \_\_\_\_\_

Church Use ONLY	<input type="checkbox"/> Approved: _____	Date: _____
<input type="checkbox"/> Denied: _____	Notes: _____	

**SECTION E: PIANO AND ORGAN USE**

I, \_\_\_\_\_, representative of The Using Group hereby acknowledge that I understand that in the event of any damage to the Fazioli piano, the piano bench or the floor lamp in the church sanctuary incurred during said activity, I personally and The Using Group will be responsible for covering the cost of repairs.

I understand that church activities may cause cancellation of use of the sanctuary for this date up to three months prior to the activity. After three months, reservations will be permanent except in a church emergency (such as a funeral).

Signature: \_\_\_\_\_ Phone number \_\_\_\_\_

Printed name: \_\_\_\_\_

Name of person responsible during piano use: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

**SECTION F: CHECKLIST FOR FEES/DEPOSITS PAID FOR THE PIANO**

*Send 2 separate checks (1-Refundable Deposit, 1-Non-Refundable Use)*

• **Refundable Deposits:**

<input type="checkbox"/> Refundable facility use security deposit	\$100	_____
<input type="checkbox"/> Refundable piano use security deposit	\$300	_____

• **Non-Refundable Deposits:**

<input type="checkbox"/> Facility use fee (all rooms)	\$75/hr	_____
<input type="checkbox"/> Kitchen fee (covers 4 hours)	\$100	_____
<input type="checkbox"/> Fee for Fazioli piano (covers 4 hours)	\$100	_____
<input type="checkbox"/> Tuning fee (if requested)	\$200 or current rate	_____