

**PEACE MENNONITE CHURCH
FACILITY RENTAL USE APPLICATION & AGREEMENT**

Date of Request: _____

Date of Event: _____ Starting Time: _____ Ending Time: _____

Name of Individual or Group: _____ # of Attendees: _____

Type of Event: _____

Requesting: Sanctuary _____ Kitchen (full use) _____ Kitchen (serve snacks) _____ Library _____
North Classroom _____ South Classroom _____ AV Equipment _____
PMC Host _____

Group Contact: _____ Phone #: _____

Address: _____

Email: _____ Alt Phone #: _____

Name of Approved Host: _____ Phone #: _____

Other information or requests: _____

I and/or my group accept responsibility for the care of all PMC property. I assure that cleaning, repositioning, and returning of church property will be completed before leaving. Damages and/or missing property can be replaced by me or my group upon approval from the PMC Coordinating Committee, or will be deducted from my deposit. I understand that I can be assessed a fee over my deposit amount if damages or cleaning services exceed my deposit amount. I understand that my deposit will not be returned until a thorough inspection of all property has been conducted, and that PMC has up to two weeks to return my deposit, if warranted. I agree to provide proof of General Liability insurance with this application. By signing this agreement, I acknowledge reading PMC's Meeting House Use Policy and agree to all conditions.

Fees for One-Time Use (up to four hour period):

- Sanctuary \$50.00
- Classrooms/Library \$20.00 Each
- Kitchen (full use) \$25.00
- Entire Facility (excluding AV and offices) \$100.00
- Additional fee for use of audio visual equipment \$25.00

Signature: _____ Date: _____

Please write two separate checks: one for the deposit amount, and one for the rental use fee.

Make checks payable to 'Peace Mennonite Church'.

Return Application and payment to church Administrative Assistant

Application Approved By: _____ Date: _____

Office Use Only

Use Fee Paid \$ _____ Date _____ Deposit Paid \$ _____
See attached Inspection Report Damaged Property Fee Assessed \$ _____
Date _____ Deposit Returned or Excess Paid \$ _____