

APPLICATION and CONTRACT FOR ROOM RENTAL(S)

Believers' Chapel Fulton

NAME: _____	DATE OF THIS REQUEST: _____
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STREET ADDRESS: _____	PHONE NUMBER: _____
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CITY: _____	STATE: _____	ZIP: _____
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EMAIL ADDRESS: _____	MEMBER : YES <input type="checkbox"/> NO <input type="checkbox"/>
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DATE/TIME REQUESTED: DATE: _____ TIMES: From: _____ To: _____	DEPOSIT REQUIRED (Refunded by mail upon completion of event if room(s) is/are left in original condition) \$50.00
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PURPOSE OF EVENT:

AVAILABLE ROOMS FOR RENTAL:	NON-MEMBER FEE	MEMBER FEE
FELLOWSHIP HALL (Includes tables/chairs)	\$200 plus \$50 Deposit	\$50 Deposit
SANCTUARY (seats @ 120)*, ++	\$200 plus \$50 Deposit	\$100 plus \$50 Deposit
SANCTUARY / KITCHEN / FELLOWSHIP HALL	\$400 plus \$100 Deposit	No Further Member Discount

*Do you require the use of any Church Media Audio/Visual Equipment? YES NO
 If YES, staff **is required** to operate this equipment on your behalf. Additional fees apply based on your needs. A staff member will call you to assess your needs.
 ++Must have Elders approval

You **MUST** sign a hold harmless agreement before your event begins.
 Please mail your \$50 deposit, with the signed contract and hold harmless agreement to:

Believers' Chapel Fulton
 ATTN: Office Manager
 614 South 4th Street
 Fulton, NY 13069

YOUR SIGNATURE HERE:

YOUR NAME PRINTED HERE:

